

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

CAREN BRITT,

Plaintiff

v.

S. RAY DERUSSE, and THE
PRUDENTIAL INSURANCE COMPANY
OF AMERICA,

Defendants

CIVIL ACTION NO. 05-30197

**MEMORANDUM OF THE PRUDENTIAL INSURANCE
COMPANY OF AMERICA IN SUPPORT OF ITS MOTION
FOR LEAVE TO PAY INSURANCE PROCEEDS INTO COURT**

Pursuant to Rule 7.1 of the Local Rules of the United States District Court for the District of Massachusetts, The Prudential Insurance Company of America (“Prudential”) submits this memorandum of law in support of its motion for leave to pay the proceeds of a life insurance policy into Court.¹

INTRODUCTION

This is an action involving the proceeds to a life insurance policy. As a disinterested stakeholder, Prudential seeks the following relief: (1) to deposit with this Court the disputed proceeds of a life insurance policy and (2) to be dismissed with prejudice from this litigation. By way of this motion, Prudential seeks leave to pay the disputed insurance proceeds into Court. This Motion is unopposed.

¹ Counsel for Prudential hereby certifies that she has in good faith conferred with counsel for the plaintiff and co-defendant through correspondence and conversations and due to the request to pay the proceeds into Court by Prudential, Court action is required. This Motion is Unopposed. Counsel for Prudential certifies that she has complied with the provisions of Local Rule 7.1 (A)(2).

PROCEDURAL HISTORY

Plaintiff filed this Complaint in Hampden Superior Court on or about August 15, 2005. Defendant, Veterans Group Life Insurance and The Prudential Insurance Company of America removed this matter to the instant Court on or about September 2, 2005. The Prudential Insurance Company of America filed its Answer to the Complaint on or about September 9, 2005. Defendant, S. Ray DeRusse filed his Answer to the Complaint on or about September 12, 2005. Defendant, VGLI, was voluntarily dismissed from this action on September 15, 2005. This Motion followed.

STATEMENT OF FACTS

Prudential is a corporation organized under the laws of the State of New Jersey and it is duly authorized to do business in the Commonwealth of Massachusetts. Answer of Prudential ¶ 4. This action involves the proceeds of life insurance policy issued by Veterans Group Life Insurance, a division of Prudential, to its deceased insured, Robert H. Stewart (“Stewart”). Prudential’s deceased insured was a veteran. He was afforded life insurance coverage from Prudential through Veterans Group Life Insurance under VGLI Policy No.G-32000² (also known as Policy No. 026-40-423, which was Mr. Stewart’s Social Security Number) (hereinafter referred to as the “Policy”). A true and accurate copy of the Application is attached hereto as Exhibit A. Stewart was insured under the Policy for \$50,000 in life coverage. Exhibit A. The Policy’s death benefit, plus any applicable interest thereon are referred to throughout as the “Proceeds.”

² The Policy Holder is the Department of Veteran Affairs.

Stewart died of cardiopulmonary arrest and coronary artery disease on or about May 18, 2005. See Exhibit A to the Plaintiff's Complaint; See Also, Complaint ¶ 5. At the time of Stewart's death, Prudential's records indicate that Co-defendant, S. Ray DeRusse was the designated beneficiary of the proceeds. A true and accurate copy of the Beneficiary Designation Form is attached hereto as Exhibit B; A true and accurate copy of the letter from the Office of Servicemembers' Group Life Insurance to S. Ray DeRusse, dated June 13, 2005, is attached hereto as Exhibit C. After the death of Stewart, Prudential was informed by Plaintiff, Caren Britt, that she believed that she was the proper beneficiary of the proceeds. A true and accurate copy of the correspondence received by Prudential from Plaintiff, prior to litigation being instituted, is attached hereto as Exhibit D. Subsequently, Britt filed a claim for the proceeds and then instituted litigation. See Exhibit D, Complaint. Co-defendant, S. Ray DeRusse, also filed a claim for the proceeds. A true and accurate copy of the claim filed by DeRusse and other related correspondence from DeRusse is attached hereto as Exhibit E. Prudential, through the Office of Servicemembers' Group Life Insurance, fielded several calls from both the Plaintiff, directly and through her husband and attorneys, and co-Defendant regarding the proceeds. A true and accurate copy of the telephone call logs referencing contact with Plaintiff and Co-defendant maintained by Prudential is attached hereto as Exhibit F.

In filing a Group Life Insurance Claim form, the co-defendant has evinced an entitlement to the Proceeds. The Plaintiff, by making a formal demand for the proceeds and instituting this litigation, has also made a claim to the same proceeds. Thus, there are conflicting claims to the Proceeds. Exhibit E, Complaint ¶ 13, 18.

Prudential is merely a disinterest stakeholder in this action inasmuch as it claims

no interest in Proceeds, and admits that the Proceeds are due and owing to someone. Prudential hereby offers to and is ready to deposit the Proceeds with the Court upon the entry of an appropriate Order.

ARGUMENT

I. This Court Possesses Subject Matter Jurisdiction.

As this matter involves the proceeds of the life insurance policy issued pursuant to The Veterans' Insurance Act of 1974, this Court has subject matter jurisdiction over this dispute. In particular, the Plaintiff's claims regarding the proceeds of a life insurance policy issued by the Veterans' Group Life Insurance present federal questions because they raise express or implied causes of action under the Constitution, federal statute, or international treaty. Specifically, the life insurance policy at issue is governed by the Veterans' Insurance Act of 1974, May 24, 1974, P.L. 93-289, amended August 6, 1991, 38 U.S.C. §§ 1965 et seq.

Prudential's Insured, Robert Stewart, was insured based on his status as a veteran under the Policy issued pursuant to 38 U.S.C. §§ 1965 et seq. Therefore, this Court has subject matter jurisdiction.

II. Because Prudential Is Or May Be Subject To Double Or Multiple Liability It Is Entitled To Pay the Proceeds Into Court and Be Dismissed from this Action.

Plaintiff's filing of the instant action is a clear indication of competing claimants to the life insurance proceeds. Thus, Prudential, if it pays the proceeds out to one of the adverse claimants, could be liable to the other claimant. In the absence of bad faith on the part of the stakeholder, or the possibility that the stakeholder is independently liable discharge should be readily granted. *New York Life Ins. Co. v. Connecticut Dev. Auth.*, 700 F.2d 91, 94 (2nd Cir.

1983). As such, Prudential should be permitted to pay the proceeds into Court to assist this Court in making a determination as to who is the rightful beneficiary of the proceeds.

In this action Prudential seeks only to pay the Proceeds into Court, and have the Court decide who the correct beneficiary of the Proceeds is. Neither the Plaintiff nor the co-Defendant alleges that Prudential is independently liable to them, nor is there any evidence to support such a claim. It is not for Prudential to determine who receives the Proceeds given the competing claimants.

Prudential agrees that the Proceeds are due and owing to someone, but it cannot determine on its own who receives the correct amount of the Proceeds. Based on the foregoing, there is no just reason to delay depositing the Proceeds into the Court's registry. Moreover, paying the Proceeds into Court will serve to narrow the matters in dispute between the parties. Narrowing the matters in dispute will serve to help secure a just, speedy, and inexpensive determination of this action.

CONCLUSION

WHEREFORE, the Prudential Life Insurance Company of America respectfully requests that the Court issue an Order:

- a) Allowing Prudential to pay the disputed life insurance proceeds into Court;
- b) Extinguishing with finality all claims that the Plaintiff has against Prudential upon Prudential's payment of the Proceeds into Court;
- c) Restraining the Plaintiff and Co-Defendant, DeRusse, from instituting or prosecuting, in any other state or federal court, any proceeding against Prudential with respect to the Proceeds;
- d) That upon Prudential's deposit of the Proceeds with the Court, Prudential will be discharged from any liability in this action.

Respectfully submitted,

THE PRUDENTIAL INSURANCE
COMPANY OF AMERICA,

By Its Attorneys,

/s/ Carey L. Bertrand
William T. Bogaert, BBO # 546321
Carey L. Bertrand, BBO# 650496
Wilson, Elser, Moskowitz,
Edelman & Dicker, LLP
155 Federal Street
Boston, MA 02110
(617) 422-5300

Dated: September 16, 2005

CERTIFICATE OF SERVICE

I, Carey L. Bertrand, do hereby certify that I have served a true copy of the foregoing document on counsel of record by first class mail, postage prepaid on this 16th day of September 2005.

/s/ Carey L. Bertrand
Carey Bertrand

EXHIBIT A

CODE UNIT

APPLICATION PROCESSING
NEW BUSINESS APPLICATIONS

COTRAC CODE

INSURED

TECHNICIAN

SSN

DATE REC'D

REC'D

REQUESTED

RESPONSE REC'D - DATE

☒ Application☐☐

600 (Premium rate \$ 17.00)

\$ 17.00

6-30-93 6-15-93 17.00

☐ Medical Information☐☐☐ DD-214☐☐☐ Orders☐☐☐ Leave & Earnings Statement☐☐☐ Notification of Eligibility☐☐

for Retirement Pay at Age 60

LETTER SENT

DATE

APPLICATION ☐ Still Pending - Reason:☐ Case Pending in Error☒ APPROVED - Date: 7/1/93☐ REJECTED - REASON:☐ MEDICAL NOT APPROVED☐ NEVER RECEIVED☐ RR AGE 61 OR MORE☐ ADDITIONAL PREMIUM \$☐ APPLICATION REJECTED☐ MEDICAL INFORMATION☐ BEYOND ONE YEAR☐ A/D 120 DAYS☐ SECOND APPLICATION☐ NOTIFICATION OF ELIGIBILITY FOR RETIREMENT PAY☐ OTHER☐ DD-214☐ ORDERSREFUND DUE ☐ NO LETTER SENT:

DATE:

☐ YES AMOUNT:

DATE PROCESSED:

REASON FOR REFUND:

7-1-93 / deal gap matter 4/7/93



OFFICE OF SERVICEMEN'S GROUP LIFE INSURANCE
213 WASHINGTON STREET, NEWARK, NEW JERSEY 07102-2200
(201) 802-7876

6-7-93

*Robert H. Stewart
1205 Lindenwood Drive
Clinton NJ 08809*

Soc. Sec. No. *096 40-4002*

I have received your request for group life insurance coverage. I am unable to process this request because:

- ☐ an application was not submitted.
- ☐ your application was not signed. Please sign and date it.
- ☐ the application received is incomplete. Please complete the items checked in red.
- ☒ the first month's premium is needed. Please send a check or money order for \$ *17.00* payable to "OSGLI".
- ☐ an additional amount of \$ _____ is needed.
- ☐ a copy of orders verifying your present membership in the IRR/ING is needed.
- ☐ a copy of your Notification of Eligibility for Retired Pay at age 60 is needed. Your Notification of Eligibility was sent to you after you completed 20 years of service. This qualifies you for retirement pay at age 60.
- ☐ a copy of your orders or Separation Papers (DD-214) verifying your date of release from duty is needed.
- ☐ other _____

Please send the requested information in the enclosed envelope within two weeks or your request will be cancelled and any premiums paid will be refunded.

Sincerely,

B. K.

Application Processing

Enclosure

2E**APPLICATION FOR VETERANS GROUP LIFE INSURANCE**
(Veterans Separated Less Than 120 Days)

Your application and initial premium must be received within 120 days after your separation or discharge from service. NOTE: No insurance may be granted unless a completed application form and initial premium have been received (38 U.S.C. 1977).

RETURN APPLICATION AND INITIAL PREMIUM TO:
Office of Servicemen's Group Life Insurance
213 Washington Street, Newark, NJ 07102-2998
DO NOT RETURN APPLICATION TO VA

SOCIAL SECURITY NO.	DATE OF BIRTH	SEPARATION DATE	SERVICE BRANCH	AMOUNT OF SGLI INSURANCE
5026404232	02/10/48	02/28/93	NAVY	\$100,000

2222321222

C-322

03/30/93

RONALD H STEWART

1313 E 8TH ST 1505 Sunnyvale St

AUSTIN TX 78702-3901 #202

AUSTIN TX 78741

FOR OSGLI USE ONLY		
ACTION TAKEN	SGLI REPRESENTATIVE	DATE
<input checked="" type="checkbox"/> APPROVED	Rm Olt	5/28/93
<input type="checkbox"/> REJECTED		
FILM REFERENCE NUMBER		
026404232		

Please make any address corrections above.

03116

IMPORTANT

USE THIS FORM only if you have been separated from active duty and you are within 120 calendar days since separation. To be eligible for Veterans Group Life Insurance, you must have had Servicemen's Group Life Insurance. You may apply for insurance in a lesser amount but not greater than the amount carried at separation. See additional information in the brochure and complete all items below.

AGE OF APPLICANT ON 121st DAY AFTER SEPARATION	SEX
44	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE

AMOUNT OF INSURANCE requested (Check one)

☐ \$200,000 ☐ \$190,000 ☐ \$180,000 ☐ \$170,000 ☐ \$160,000 ☐ \$150,000 ☐ \$140,000 ☐ \$130,000 ☐ \$120,000 ☐ \$110,000

☐ \$100,000 ☐ \$90,000 ☐ \$80,000 ☐ \$70,000 ☒ \$60,000 ☐ \$50,000 ☐ \$40,000 ☐ \$30,000 ☐ \$20,000 ☐ \$10,000

PREMIUM AMOUNT ENCLOSED (See Premium Schedule on back) \$ 14.00 ☐ ANNUAL ☒ MONTHLY

NOTE: MAKE REMITTANCE PAYABLE TO "OSGLI". Attach premium for the amount of insurance desired (no cash or stamps).

NOTE: For Those Receiving Military Retirement Pay — AUTOMATIC MONTHLY PAYMENT OPTION

☒ Check here to have your monthly VGLI premium automatically deducted from your retirement pay. (NOT available with annual payment option). First month's payment must still be submitted with this application. Future premiums will then be deducted automatically.

DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS:

A. COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (First, Middle and Last Name)	B. SOCIAL SECURITY # (If known)	C. RELATIONSHIP TO INSURED	D. SHARES TO BE PAID EACH BENEFICIARY (Use fractions, such as 1/2, 2/3, 3/4, or "All")	E. PAYMENTS TO BENEFICIARY (Lump sum or 36 equal monthly payments)
MY ESTATE				
PRINCIPAL (First) BENEFICIARY				
CONTINGENT (Second) BENEFICIARY (If principal beneficiary dies before me or before completion of installment payments to the principal beneficiary)				

NOTE: SGLI REMAINS IN EFFECT FOR 120 DAYS AFTER SEPARATION. THE VGLI BENEFICIARY DESIGNATION SHOWN ABOVE BECOMES EFFECTIVE WHEN VGLI BECOMES EFFECTIVE UNLESS YOU CHECK THE BOX BELOW.

☒ CHECK THIS BOX IF YOU WISH THE ABOVE DESIGNATION TO BECOME EFFECTIVE IMMEDIATELY AND CHANGE YOUR SGLI BENEFICIARY.

IF I UNDERSTAND that this form cancels any prior beneficiary or payment instructions and that unless I have named the beneficiary(ies) above, my insurance will be paid as explained in the enclosed brochure.

Signature of Applicant	DATE
Ronald H Stewart	5/28/93
Daytime Phone Number	

PENALTY: The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by a fine or imprisonment or both.

MAIL APPLICATION TODAY... WITH YOUR INITIAL PREMIUM PAYMENT...
IN ENCLOSED POSTAGE-PAID VETERANS BENEFIT ENVELOPE.
THIS VETERANS BENEFIT IS AUTHORIZED BY CONGRESS.

OVER

EXHIBIT B

BENEFICIARY DESIGNATION FORM

VETERANS GROUP LIFE INSURANCE (VGLI) & SERVICEMEN'S GROUP LIFE INSURANCE (SGLI) FOR RETIRED RESERVISTS		RETURN COMPLETED SET TO: OFFICE OF SERVICEMEN'S GROUP LIFE INSURANCE 213 Washington Street Newark, New Jersey 07102-2999		RECEIVED OCT 28 1996 BENEFICIARY
No designation of beneficiary and optional settlement will be effective until received in the Office of Servicemen's Group Life Insurance in accordance with 38 USC 1970 and 1977(d).				
INSURED'S IDENTIFYING INFORMATION				
1A. NAME OF INSURED AND MAILING ADDRESS FOR INSURANCE PURPOSES (Type or print) RONALD H. STEWART (FIRST NAME - MIDDLE NAME - LAST NAME) 2000 BOUNTREE DR. (NUMBER AND STREET OR RURAL ROUTE) AUSTIN, TX. 78702 (CITY OR RD., STATE AND ZIP CODE)			1C. SOCIAL SECURITY NUMBER 026-40-4232 1D. TELEPHONE NUMBER DAYTIME: 512-472-6202 OR HOME: 512-476-9094 1E. TYPE OF COVERAGE: VGLI () <input checked="" type="checkbox"/> SGLI () <input type="checkbox"/>	
1B. IS THIS A CHANGE OF ADDRESS FOR YOUR INSURANCE RECORDS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IMPORTANT: The purpose of this form is for you to choose who you want the proceeds of your VGLI/SGLI insurance to go to when you die. By signing this form, you are cancelling any prior designations or payment instructions you have made. There is detailed information on the reverse side. You should read all the information and instructions carefully before filling out any portion of this form. All entries, except your handwritten signature, are to be typed or printed in ink. The purpose of this form is also for you to designate how you want the proceeds to be paid. Settlement is made EITHER in a lump sum or 36 equal monthly installments at the option of the beneficiary. However, if you insert "36" under Payments to Beneficiary, your beneficiary will be restricted to receiving the insurance in installments. If you do not designate "36", payment will be made in a lump sum unless the beneficiary chooses otherwise.				
2. PRINCIPAL BENEFICIARY(IES) AND PAYMENT TO PRINCIPAL BENEFICIARY(IES) I DESIGNATE THE FOLLOWING BENEFICIARY(IES) TO RECEIVE MY INSURANCE PROCEEDS WHEN I DIE. If I list more than one beneficiary I must indicate a share (percentage) or a dollar (\$) amount I want each to receive. The total shares or dollar amounts must equal 100% of my insurance. The share of any principal beneficiary who dies before me shall be distributed equally among the surviving principal beneficiaries.				
COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY (first, middle and last name)	SOCIAL SECURITY NUMBER (if known)	RELATIONSHIP TO INSURED	SHARES OR \$ AMOUNT TO EACH PRINCIPAL BENEFICIARY	PAYMENT OPTIONS: LUMP SUM OR 36 EQUAL MONTHLY PAYMENTS
PRINCIPAL (FIRST) BENEFICIARY S. Ray DeRuse	459-21-5600	Executor of estate / Friend	100%	Lump sum
3. CONTINGENT BENEFICIARY(IES) AND PAYMENT TO CONTINGENT BENEFICIARY(IES) I DESIGNATE THE FOLLOWING BENEFICIARY(IES) TO RECEIVE MY INSURANCE PROCEEDS IN THE EVENT ALL OF MY PRINCIPAL BENEFICIARIES LISTED ABOVE HAVE DIED BEFORE ME, OR BEFORE THE COMPLETION OF INSTALLMENT PAYMENTS TO ANY OF THE PRINCIPAL BENEFICIARIES. If I list more than one beneficiary I must indicate a share (percentage) or a dollar (\$) amount I want each to receive. The total shares or \$ amounts must equal 100% of my insurance.				
COMPLETE NAME AND ADDRESS OF EACH CONTINGENT (SECOND) BENEFICIARY	SECURITY NUMBER (if known)	RELATIONSHIP TO INSURED	SHARES OR \$ AMOUNT TO EACH PRINCIPAL BENEFICIARY	PAYMENT OPTIONS: LUMP SUM OR 36 EQUAL MONTHLY PAYMENTS
Caren Britt		Sister	100%	Lump Sum
4. PAYMENT UNDER THE PROVISION OF THE LAW (BY-LAW). IF YOU HAVE COMPLETED 2 AND/OR 3 ABOVE DO NOT COMPLETE THIS SECTION. If I elect "BY-LAW" or I have failed to designate any principal or contingent beneficiaries, I acknowledge that the proceeds of my SGLI/VGLI insurance will be distributed under the provisions of the law (38 USC 1970), which means it will go to my widow or widower and, if I have none, to my child or children in equal shares, with the share of any deceased child being distributed among the decedents of that child, and if none, to my parents in equal shares or to the survivor, and if none, to a duly appointed executor or administrator of my estate and if none, to other next of kin. Type or Print the words "BY-LAW" and initial. _____ (your initials) Your legal signature (in ink) is required in #5 below.				
5. SIGNATURE OF THE INSURED (Do not sign in ink) Ronald H. Stewart		6. DATE COMPLETED 10-20-96		
DO NOT WRITE IN SPACE BELOW - I, OR OSGLI USE ONLY				
RETURN COMPLETED SET TO: OSGLI 213 WASHINGTON STREET NEWARK, NEW JERSEY 07102-2999	SIGNATURE OF OSGLI REPRESENTATIVE R. R. Rient		DATE RECORDED 10/29/96	

FORM SGLV-8721
JULY 1984SUPERSEDES AND REPLACES FORM SGLV-8721, JULY 1991, WHICH WILL NOT BE USED.
(Page 2 will be returned to you after recording by OSGLI)

Page One

Pres sent
OCT 9 1996

OCT 9 1996

RONALD H STEWART
026-40-4232
2000 ROUNTREE DRIVE
AUSTIN TX 78722
512- 476-9094

OSGLI
213 WASHINGTON STREET
NEWARK, N.J. 07102-2999

DEAR SIR OR MADAM,

I REQUEST A BENEFICIARY DESIGNATION FORM, BE
SENT TO ME, IN ORDER THAT I MAY CHANGE BENEFICIARIES.
THANKYOU IN ADVANCE FOR YOUR ATTENTION IN THIS MATTER.

Ronald H Stewart
RONALD H STEWART

R Stewart
2000 Rountree
Austin TX 78722



OSGLI
213 Washington Street
Newark NJ
07102-2999

EXHIBIT C



OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE

290 W. Mount Pleasant Avenue, Livingston, NJ 07039-2747

800-419-1473 (US, Puerto Rico, St. Thomas, St. Croix, Canada), 973-548-5699 (Other)
Fax Numbers: 800-236-6142, 877-832-4943 (Claims), 973-548-5300 (Overseas)
www.insurance.va.gov

June 13, 2005

S RAY DE RUSSE
2917 LIPSCOMB ST
FORT WORTH TX 76110

Re: 10618686

Dear Mr. De Russe:

In this letter we will explain what you must do to file a claim for death benefits under Ronald Stewart's Veterans Group Life Insurance (VGLI). We will also tell you about free personal financial counseling that is provided to VGLI beneficiaries.

As of May 18, 2005 Ronald Stewart was insured for \$50,000.00 under VGLI. He designated you as the beneficiary, and specified that you are to receive the full benefit amount of \$50,000.00.

How Your Benefit is Paid

As indicated in section IV of the Claim Form, there are two options:

(A) **Lump Sum** - We will deposit the full benefit into Prudential's Alliance Account® in your name. The Alliance Account offers the following features:

A personal interest-bearing account giving you full access to your money.

To use the account, simply write a check for the amount you would like to withdraw. The minimum withdrawal is \$250.

You may write out one check for the entire amount and close the account, or you may write checks, as you need the money. You will continue to earn interest on any balance you maintain in the account.

(B) **36 Monthly Installments** - the benefit will be sent to you in 36 equal monthly installments with the first payment due as of the date of death.

I have provided a postage-paid envelope for convenience. Also, please enclose a certified copy of the death certificate.

What You Should Do

In order to file a claim for the death benefit, you must complete items 1 through 10 and all of Part IV of the enclosed Claim for Death Benefits form (SGLV 8283).

Personal Financial Counseling

The Department of Veterans Affairs is offering free personal financial counseling to

beneficiaries of SGLI/VGLI policies. This service, known as Beneficiary Financial Counseling Services (BFCS) is provided through the services of a national firm of financial professionals. Their Certified Financial Planners and other financial professionals are experts in handling a wide range of financial situations and offering customized assistance to individuals like you. A brochure explaining this service will be sent to you once your insurance claim has been approved.

Further, Craig T Stewart, the insured's son logged a protest alleging that his father told him that he was the beneficiary on all of Mr. Stewart's life insurance. I have enclosed a copy of the letter sent to Craig for your reference. No payment will be made until we further hear from Craig. If no legal action is taken by July 14, 2005 we can proceed with payment to you.

If you have questions about this claim, please call me at (800) 419-1473, extension 3963, between 08:00 AM a.m. and 05:00 PM p.m. Eastern time, Monday through Friday. If you prefer, you can send me a fax at (877) 832-4943 or you can email me at osgli.claims@prudential.com.

Sincerely,

Maria Reis

Maria Reis
Claims Examiner

EXHIBIT D

Complimentary Fax Cover Sheet

To: NAVY INSURANCE		From: CAREN BRITT	
Fax # (813) 832-4943		Phone # (413) 734-0423	
Date: 1/11/05		<input type="checkbox"/> Urgent <input type="checkbox"/> Confidential <input type="checkbox"/> Confirm Receipt	
Number (Including Cover):	Pages:	Reply Fax #:	

Message

CLAIM # 106-186-86

**CORRECTION OF NAME CHANGE
FOR FAX SENT ON 8-1-05**

**"Ms/m. JOHNSON" WAS MY FIRST CONTACT
ON JUNE 2ND. NOT JACKSON.**

Staples Copy Centers also offer these additional services:

- High Speed Black and White Copying
- Binding Services
- Custom Printing
- Digital Color Copying
- Lamination Services
- Custom Checks & Forms
- Convenient Self-Serve Copiers
- Custom Maps & Engraving
- Personalized Calendars



IMPORTANT

Staples is not responsible for the content of this facsimile. Our customers are cautioned against sending confidential or sensitive personal information via facsimile. Staples is not responsible for misdirected facsimiles. If you received this facsimile in error, please notify the sender at the phone number that appears on the cover sheet and delete the facsimile from your system.

* CORRECTION *

JOHNSON
WAS MY FIRST
CONTACT
ON 6/105

DECEASED MEMBER'S NAME RONALD HAMILTON STEWART		DECEASED MEMBER'S SSN 026 40 4232	
TYPE OF ACTION: (CHECK ONE)		<input type="checkbox"/> LEGAL ORDER OF PRECEDENCE <input type="checkbox"/> DESIGNATION OF BENEFICIARIES	
SHARE 100 %	BENEFICIARY'S NAME CAREN BRITT SSN 010 50481 RELATIONSHIP SISTER		
ADDRESS 36 CLAYTON DRIVE WSPHd MASS 010			
SHARE %	FULL NAME	SSN	RELATIONSHIP
ADDRESS			
SHARE %	FULL NAME	SSN	RELATIONSHIP
ADDRESS			
DECEASED MEMBER SIGNATURE <i>Ronald H. Stewart</i>			DATE OF SIGNATURE 10-28-00
WITNESS SIGNATURE (other than designated beneficiary/Order of Precedence Person) <i>Brian H. H. H.</i>			
WITNESS STREET ADDRESS 20721 Crystalhill Cir		WITNESS CITY, STATE, ZIP CODE Germantown MS, 38754	

196195

I FIRST CALLED THIS OFFICE ON JUNE 2ND.
I TALKED TO MRS. JACKSON. JOHNSON
I WAS TOLD I WAS MY BROTHER'S BENEFICIARY
AND THE AMOUNT OF INSURANCE.

APPROXIMATELY 5 WEEKS LATER I CALLED
THIS OFFICE TO CHECK ON MY CLAIM FORMS
AND TALKED TO MRS. JACKSON WHO TOLD ME
ON HER COMPUTER I WAS NOT THE BENEFICIARY
I SINCE HAVE FOUND OUT THE FORMS
WERE SENT TO RAY IN TEXAS THE OLD
BENEFICIARY. PLEASE VERIFY CHECK MY
CALLS. SHOULD BE EASY TO TRACK ON
YOUR COMPUTERS.

SINCERLY

CAREN BRITT

CLAIM #
06-186-86

STAPLES copy&printcenter**Complimentary
Fax Cover Sheet**To: *NAVY INSURANCE*From: *CAREN BRITT*Fax # *(877) 832-4943*Phone # *(413) 734-0423*Date: *8-1-05*☐ Urgent ☐ Confidential ☐ Confirm ReceiptNumber of Pages:
(Including Cover) *3*

Reply Fax #:

Message:

CLAIM # 106-186-86
*CLAIM FORMS SENT TO WRONG BENEFICIARY***Staples Copy Centers also offer these additional services:**

- High Speed Black and White Copying
- Binding Services
- Custom Printing
- Digital Color Copying
- Laminating Services
- Custom Checks & Forms
- Convenient Self-Serve Copiers
- Custom Stamps & Engraving
- Personalized Calendars

**IMPORTANT**

Staples is not responsible for the content of this facsimile. Our customers are cautioned against sending confidential or sensitive personal information via facsimile. Staples is not responsible for misdirected facsimiles. If you received this facsimile in error, please notify the sender at the phone number inserted above for directions concerning the facsimile.

ALLOTMENT TYPE	PAYEE	AMOUNT
MISC DISCRETIONARY	CAREN BRITT	100.00
INSURANCE	VGLI	20.00

THE FOLLOWING BENEFICIARIES ARE ON RECORD:

NAME	SHARE	RELATIONSHIP
CAREN BRITT	100.00%	SISTER

CLAIM #
106-186-86

RETIRED MEMBER'S NAME RONALD HAMILTON STEWART		RETIRED MEMBER'S SSN 026 40 4232	
TYPE OF ACTION: (CHECK ONE)		<input type="checkbox"/> LEGAL ORDER OF PRECEDENCE <input type="checkbox"/> DESIGNATION OF BENEFICIARIES	
SHARE 100 %	FULL NAME CAREN BRITT	SSN 010 50481	RELATIONSHIP SISTER
	ADDRESS 36 CLAYTON DRIVE W SPAD MASS 010		
SHARE %	FULL NAME	SSN	RELATIONSHIP
	ADDRESS		
SHARE %	FULL NAME	SSN	RELATIONSHIP
	ADDRESS		
RETIRED MEMBER SIGNATURE <i>Ronald H Stewart</i>			DATE OF SIGNATURE 10-28-00
WITNESS SIGNATURE (other than designated beneficiary/Order of Precedence Person) <i>Caren Britt</i>			
WITNESS STREET ADDRESS 20721 Crystalhill Cir		WITNESS CITY, STATE, ZIP CODE Georgetown MD, 20874	

196195

I FIRST CALLED THIS OFFICE ON JUNE 2ND.
I TALKED TO MRS. JACKSON.
I WAS TOLD I WAS MY BROTHER'S BENEFICIARY,
AM THE AMOUNT OF INSURANCE.

APPROXIMATELY 5 WEEKS LATER I CALLED
THIS OFFICE TO CHECK ON MY CLAIM FORMS
AND TALKED TO MRS. JACKSON WHO TOLD ME
ON HER COMPUTER I WAS NOT THE BENEFICIARY,
I SINCE HAVE FOUND OUT THE FORMS
WERE SENT TO RAY IN TEXAS THE OLD
BENEFICIARY. PLEASE ~~VERIFY~~ CHECK MY
CALLS. SHOULD BE EASY TO TRACK ON
YOUR COMPUTERS.

SINCERELY

CLAIM #
106-186-86

CAREN BRITT

MY BROTHER WAS A GAY MAN. HE HAD A RELATIONSHIP
WITH RAY BACK IN THE 90'S. RAY WAS VERY
ABUSIVE IN THIS RELATIONSHIP. WHEN THE
RELATIONSHIP ENDED IT WAS NOT ON GOOD TERMS.
MY BROTHER DEPISSED THIS MAN. I KNOW MY
BROTHER WOULD NOT KNOWINGLY LEAVE RAY ANYTHING
MY BROTHER RONNIE MADE HIS WISHES CLEAR
TO MYSELF + HIS STEPSON - GLEN WILSON.
THAT I WAS RONNIE'S BENEFICIARY.
RONNIE CHANGED HIS BENEFICIARY ON 10-18-2000
WITH CLEVELAND PAYROLL. MY BROTHER'S HOMO SEXUAL
EX. I'M TOLD IS RONNIE'S BENEFICIARY ON LIFE INSURANCE
THIS TAKES ME BY SURPRISE THAT, THE NAVY
BENEFICIARIES NEED DIFFERENT FORMS FOR
EACH DEPT. (PAYROLL, LIFE, ECT.)

PLEASE SEND ME THE FORMS. THAT I
NEED TO BRING ACTION ON THIS TO STOP RAY
FROM GETTING RONNIE'S LIFE INSURANCE.

THANK YOU

Caren Britt

CAREN BRITT
36 CLAYTON DRIVE
WEST SPRINGFIELD, MA.

01089

Claim # 106-186-86

PHONE 1-413-734-0423

ANY ALTERATIONS IN SHADED
AREAS RENDER FORM VOID

3 SOCIAL SECURITY NO		
026	40	4232

b RESERVE OBLIG TERM DATE		
Year N/A	Month	Day

10 SGLI COVERAGE ☐ None
Amount \$ 100,000

h Effective Date of Pay Grade

00	00	00
----	----	----

Yes	No	16 DAYS ACCRUED LEAVE PAID
-----	----	----------------------------

W SPRINGFIELD MA 01089

J. ESLEP, ENC(SF), USNR (AR), MILPERSUP

30 MEMBER REQUESTS COPY 4

(INSTRUCTIONS ON REVERSE SIDE)



The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICSSTATE USE
ONLY

4c Hosp

5 Type

6 Race

8 Age

15 Resid

5 Out Sta

23 Disp

31-32 Autop

34 Manner

35c Work Inj

35f Place

36-37 Cert

40a Pron

Pronouncement of Death
Form (R 302) on File ☐PERMANENT
BLACK INK ONLY

R 301-01



DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

DECEDENT NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo Day Y)		
Ronald		Hamilton		Stewart		M		3		May 18, 2005	
PLACE OF DEATH (City/Town)				COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION (If not at home, give name and number)					
Springfield				Hampden		Baystate Medical Center					
PLACE OF DEATH (Check only one)						SOCIAL SECURITY NUMBER		F U S W R VETERAN SPECIFY WAR			
<input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DO <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> R Home <input type="checkbox"/> Other (Specify)						026-40-4232		Vietnam			
WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.)						RACE (Specify)		DECEDENT'S EDUCATION (Elementary, High School, College, etc.)			
NO YES						White		12			
AGE Last Birthday (Yr)		UNDER 1 YEAR		1 YEAR OR OVER		DATE OF BIRTH (Mo Day Y)		BIRTH PLACE (City and State - If foreign, Country)			
56		MOS DAYS		HOURS MINS		Feb 10, 1949		Birkenhead, England			
MARRIED NEVER MARRIED WIDOWED OR DIVORCED		LAST SPOUSE (If wife, give maiden name)		USUAL OCCUPATION (Prior if retired)		KIND OF BUSINESS OR INDUSTRY					
Divorced		Nisha Unknown		Documents Manager		Pharmaceutical					
RESIDENCE NO & ST CITY/TOWN COUNTY STATE/COUNTRY								Z CODE			
36 Clayton Drive West Springfield Hampden Massachusetts								01089			
FATHER FULL NAME				STATE OF BIRTH (If not in US, name country)		MOTHER NAME (GIVEN) (MA DEN)		ST E OF BRT (If not in the US, name country)			
James Stewart				England		Marion St		England			
INFO MA				MAILING ADDRESS NO & ST CITY/TOWN STATE ZIP CODE		01089		RELATIONS P			
Caren Brito				36 Clayton Dr West Springfield MA		01089		Sister			
23 METHOD OF IMMEDIATE DISPOSITION				FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE				LICENSE			
<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> OTHER SPEC				Joseph J Nowak				5957			
PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)				LOCATION (City/Town, State)							
Springfield Crematory				Springfield Massachusetts							
DATE OF DISPOSITION (Mo Day Y)				NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE				01151			
May 23, 2005				Nowak Funeral and Cremation Services 15 Ludlow Ave Spfld MA							
29 PART Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory, etc., shock or heart failure. List only one cause on each line (through of PRINT OR TYPE LEGIBLY)											
IMMEDIATE CAUSE (Final disease or condition resulting in death)											
Cardiopulmonary Arrest											
DU TO (OR AS) CONSEQUENCE OF											
Coronary Artery Disease											
DU TO (OR AS) CONSEQUENCE OF											
DU TO (OR AS) CONSEQUENCE OF											
PART II Other significant conditions contributing to death but not resulting in underlying cause given in Part I											
WAS AUTOPS PERFORMED (Y or No)											
No											
WERE AUTOPS FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Y or No)											
No											
MED EXAM NOTIFIED (Yes or No)		MANNER OF DEATH		DATE OF INJURY (Mo Day Y)		TIME OF INJURY		INJURY AT WORK (Yes or No)			
YES		<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION									
DESCRIBE HOW INJURY OCCURRED				PLACE OF INJURY (A home, farm, street, factory, office, etc.) Specify		LOCATION (N & St City/Town, State)					
35d		35a I, the best of my knowledge, death occurred (the time, date, and place and due to the cause) stated		35f On the basis of examination and/or investigation, I certify that the cause of death was (the time, date, and place and due to the cause) stated		35b		35c			
(Signature and Title)		DATE SIGNED (Mo Day Y)		(Signature and Title)		DATE SIGNED (Mo Day Y)		OUR OF DEATH			
Susan Torrey MD		May 18, 2005		Jay Ishida MD		May 18, 2005		PHOTOGRAPHED DEAD (Y/N)			
NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER		35c		35d		35e		35f			
Jay Ishida MD 759 Chestnut Street Springfield MA 01099		10 11 P M		M		M		LICE SE NO OF CERTIFIER			
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)		40d NAME OF PRONOUNCER		TITLE		35g		35h			
		M				M		35i			
WAS THERE A PRONOUNCEMENT FORM? (Yes or No)		IF YES DATE PRONOUNCED		I YES TIME PRONOUNCED		40d NAME OF PRONOUNCER		35h			
NO						M		35i			
DATE BURIAL PERMIT ISSUED		RECEIVED IN THE CITY/TOWN OF		SPP NO		DATE OF RECORD					
May 24, 2005		Springfield		10		MAY 24, 2005					
Admin. Assistant		CLERK'S SIGNATURE		42		35j					

City of Springfield Mass., May 25, 2005.

I Herby Depose and Say that I am the Assistant City Clerk of the City of Springfield
Commonwealth of Massachusetts. That the records of births, marriages and deaths in said City
are in my custody and that the foregoing is a true copy of the return
of a death on file in the office of the City Clerk of said Springfield

Witness my hand and the seal of the said City
of Springfield May 25, 2005

Attest

Mary C. Powers
Assistant City Clerk of Springfield, Mass.

RETIRED MEMBER'S NAME RONALD HAMILTON STEWART		RETIRED MEMBER'S SSN 026 40 4232	
TYPE OF ACTION (CHECK ONE)		<input type="checkbox"/> LEGAL ORDER OF PRECEDENCE <input type="checkbox"/> DESIGNATION OF BENEFICIARIES	
BENEFICIARY INFORMATION			
SHARE	FULL NAME CAREN BRITT	SSN 010 504817	RELATIONSHIP SISTER
	ADDRESS 100 / 36 CLAYTON DRIVE W SPAD MASS 0108		
SHARE	FULL NAME	SSN	RELATIONSHIP
	ADDRESS		
SHARE	FULL NAME	SSN	RELATIONSHIP
	ADDRESS		
RETIRED MEMBER SIGNATURE <i>Ronald H Stewart</i>			DATE OF SIGNATURE 10-28-00
TO BE COMPLETELY FILLED IN BY WITNESS			
WITNESS SIGNATURE (other than designated beneficiary/Order of Precedence Person) <i>Brian Huff</i>			
WITNESS STREET ADDRESS 20721 Crystalhill Cir		WITNESS CITY STATE, ZIP CODE Germantown MS, 38754	

196195

BoB,

Please put this in a safe
Place in case of my demise
Caren will need to get this
my life insurance & Benefits

Ron

31 Oct 01

**CERTIFICATE OF
INSURANCE FOR****VETERANS GROUP
LIFE INSURANCE**

RONALD H STEWART
1505 SUNNYVALE ST #202
AUSTIN, TX 78741-2550

SSN 026-40-4232
INSURANCE AMOUNT \$50,000
ISSUE DATE 07/01/93
EXPIRY DATE 06/28/98
07/06-A-01427

★

This Certificate explains in general terms the rights and benefits available to you as the person insured for the Veterans Group Life Insurance described by this Certificate under the provisions of a Group Life Insurance policy purchased from a commercial life insurance company by the Department of Veterans Affairs in accordance with the provisions of Subchapter III of Chapter 19 Title 38 United States Code

The insurance for which you are insured under the Group Policy is term insurance. You cannot assign it to anyone. It builds no cash loan paid up or extended insurance values. You should not look upon it as a substitute for any other insurance you own or contemplate purchasing. Any Servicemen's Group Life Insurance for which you were previously insured under the Group Policy will have terminated prior to the date this insurance takes effect. However, you may retain any other Government or private insurance while insured under the Group Policy. Also, it will not affect your rights to other veterans' benefits.

The Group Policy which provides the insurance referred to in this Certificate may be modified or terminated as may be required by any change in the Veterans Group Life Insurance provisions of Subchapter III of Chapter 19 Title 38 United States Code or for other reasons. Any such modification or termination, however, will not affect adversely any claim arising from death before the modification or termination.

This Certificate summarizes the important provisions of the Group Policy for your information. It is NOT a contract of insurance. Your rights and benefits under the law and the Group Policy at any time are dependent upon the facts in your individual case.

LIFE INSURANCE DEATH BENEFIT

The amount of your life insurance is payable if your death occurs while you are insured except as provided under Forfeiture.

To receive payment of the life insurance, your beneficiary (or survivor) must make claim to the Office of Servicemen's Group Life Insurance on the form provided by that Office. Written proof of the claimant's right to payment must be furnished.

If any person otherwise entitled to payment fails to make claim within one year after your death or if payment to such person within that period is prohibited by Federal statute or regulation, payment may be made in the order of precedence set forth under Beneficiary as if such person had died before you.

If within two years after your death no claim has been made by any person entitled to payment, payment may be made to a claimant who, in the judgment of the Department of Veterans Affairs, is equitably entitled thereto.

FORFEITURE

Any person guilty of mutiny, treason, spying, or desertion or who because of conscientious objections refused to perform service in the Armed Forces of the United States or refuses to wear the uniform of such force shall forfeit all rights to the insurance. No insurance shall be payable for death inflicted as a lawful punishment for crime or for military or naval offense except when inflicted by an enemy of the United States.

IMPORTANT NOTICE

No person may carry a combined amount of Servicemen's Group Life Insurance and Veterans Group Life Insurance in excess of \$200,000 (the maximum amount of insurance allowed under the provisions of Subchapter III of Chapter 19, Title 38, United States Code).

SGLV 204B ED 12/92

OFFICE OF SERVICEMEN'S GROUP LIFE INSURANCE 213 WASHINGTON STREET NEWARK N J 07102 2999

20721c CRYSTAL HILL
GERMANTOWN
MD 20874



DEFENSE FINANCE AND ACCOUNTING SERVICE
CLEVELAND CENTER
P O BOX 998015
CLEVELAND OH 44199-8015

Jul 15 2005 15:48 P.11

Fax: 415/485592

TURN UP WEST S.F.L.D.

RETIRED MEMBER'S NAME RONALD HAMILTON STEWART		RETIRED MEMBER'S SSN 026 40 4232	
TYPE OF ACTION: (CHECK ONE)		<input type="checkbox"/> LEGAL ORDER OF PRECEDENCE <input type="checkbox"/> DESIGNATION OF BENEFICIARIES	
SHARE	FULL NAME CAREN BRITT SSN 010 5048175 RELATIONSHIP SISTER		
100%	ADDRESS 36 CLAYTON DRIVE W SPAD MASS 0103		
SHARE	FULL NAME	SSN	RELATIONSHIP
%	ADDRESS		
SHARE	FULL NAME	SSN	RELATIONSHIP
%	ADDRESS		
RETIRED MEMBER SIGNATURE <i>Ronald H Stewart</i>		DATE OF SIGNATURE 10-28-00	
WITNESS SIGNATURE (other than designated beneficiary/Order of Precedence Person) <i>Brian Huff</i>			
WITNESS STREET ADDRESS 20721 Crystallhill Cir		WITNESS CITY, STATE, ZIP CODE Georgetown MS, 20874	

196195

ALLOTMENTS AND BONDS

ALLOTMENT TYPE	PAYEE	AMOUNT
INSURANCE	VGLI	16.00

ARRANGEMENTS OF PAY BENEFICIARY INFORMATION

THE FOLLOWING BENEFICIARIES ARE ON RECORD:

NAME	SHARE	RELATIONSHIP
CAREN BRITT	100.00%	SISTER

MESSAGE SECTION

DUE TO LEGISLATION, NEW FEDERAL WITHHOLDING TABLES HAVE REDUCED THE AMOUNT OF INCOME TAX WITHHELD. THIS REDUCTION WILL BE REFLECTED IN YOUR PAYMENT DATED FEBRUARY 1, 2002. THE REDUCTIONS IN TAX WITHHOLDING ARE DUE TO THE ADDITION OF A 10% TAX BRACKET AND A LOWERING OF THE TAXABLE INCOME THRESHOLDS FOR THE 15%, 27% AND HIGHER TAX BRACKETS. IF YOU DO NOT WANT TO HAVE THE AMOUNT OF YOUR WITHHOLDING REDUCED, YOU MAY WANT TO FILE A NEW FORM W-4. W-4 FORMS ARE AVAILABLE AT YOUR LOCAL LIBRARY, YOUR EMPLOYER, A LOCAL IRS OFFICE OR ON THE INTERNET UNDER FORMS AND INSTRUCTIONS AT [HTTP://WWW.IRS.TREAS.GOV/FORMS PUBS/INDEX.HTML](http://www.irs.treas.gov/forms/pubs/index.html). YOU MAY CLAIM FEWER WITHHOLDING ALLOWANCES ON THE W-4 ON LINE 5 OR REQUEST ADDITIONAL AMOUNTS TO BE WITHHELD ON LINE 6.

YOU CAN SUBMIT YOUR NEW W-4 INFORMATION TO US EITHER BY:
1. MAILING US AT: DEFENSE FINANCE AND ACCOUNTING SERVICE

PO BOX 99191
CLEVELAND, OH 44199-1126

2. FAXING YOUR NEW W-4 TO US TOLL FREE 1-800-469-6559, COMMERCIAL 1-216-522-5237, OR
3. MAKING YOUR CHANGES USING THE EMPLOYEE/MEMBER SELF SERVICE (EMSS) WEBSITE AT
[HTTPS://EMSS.DFAS.MIL/EMSS.HTM](https://emss.dfas.mil/emss.htm) OR BY CALLING TOLL FREE 1-877-363-3677, COMMERCIAL
1-478-757-3119.

RETIREE ACCOUNT STATEMENT					
STATEMENT EFFECTIVE DATE		NEW PAY DUE AS OF		SSN	
JAN 10, 2002		FEB 01, 2002		026 40 4232	
PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES				DFAS-CL POINTS OF CONTACT	
0100R 07260 14186 PO1 RONALD HAMILTON STEWART USN RET 20721-C CRYSTALHILL CR GERMANTOWN MD 20874-3948				DEFENSE FINANCE AND ACCOUNTING SERVICE CLEVELAND CENTER (CODE PRR) PO BOX 99191 CLEVELAND OH 44199-1126 COMMERCIAL (216) 522-5955 TOLL FREE 1-800-321-1080 TOLL FREE FAX 1-800-469-6559 EMPLOYEE MEMBER SELF SERVICE (E/MSS) https://emss.dfas.mil/emss.html 1-877-DOD-EMSS (1-877-363-3677)	
PAY ITEM DESCRIPTION					
ITEM	OLD	NEW	ITEM	OLD	NEW
GROSS PAY	1,148.00	1,148.00	FITW	36.95	23.80
VA WAIVER	439.00	439.00	ALLOTMENTS/BONDS	16.00	16.00
TAXABLE INCOME	709.00	709.00			
			NET PAY	656.05	669.20
PAYMENT ADDRESS YEAR TO DATE SUMMARY FOR INFORMATION ONLY					
DIRECT DEPOSIT		TAXABLE INCOME:		709.00	
		FEDERAL INCOME TAX WITHHELD:		36.95	
TAXES					
FEDERAL WITHHOLDING STATUS:		SINGLE			
TOTAL EXEMPTIONS:		01			
FEDERAL INCOME TAX WITHHELD:		23.80			
RESERVE BENEFIT PLAN (SBP) COVERAGE					
NO SBP ELECTION IS REFLECTED ON YOUR ACCOUNT.					



DFAS-CL 7220/148 (REV 03-01)

STEW

Jul 15 2005 15:47 P.09

Fax: 410/465592

JUN 15 2005 15:47 P.09

ALLOTMENT TYPE	PAYEE	AMOUNT
INSURANCE	VGLI	16.00

THE FOLLOWING BENEFICIARIES ARE ON RECORD:

NAME	SHARE	RELATIONSHIP
CAREN BRITT	100.00%	SISTER

THIS STATEMENT HAS BEEN REDESIGNED TO FIT ON AN 8.5 X 11 INCH FORM TO REDUCE PRINTING COSTS AND MAKE THE FORM EASIER TO READ.

THE CHANGE IN YOUR ALLOTMENT AMOUNT REFLECTS THE VETERANS' GROUP LIFE INSURANCE PREMIUM RATE CHANGE THAT WAS EFFECTIVE JULY 9, 2001. IF YOU NEED MORE INFORMATION, CONTACT THE OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE AT 1 (800) 419-1473.

FORM RA55B

DFAS-CL 7220/148 (REV 03-01) (BACK)

STEW

Jul 15 2005 15:47 P.08

FAX: 410/405592

HUMAN LIFE WEST IN FLD.

RETIREE ACCOUNT STATEMENT		
STATEMENT EFFECTIVE DATE NOV 07, 2001	NEW PAY DUE AS OF DEC 03, 2001	SSN 026 40 4232
PLEASE REMEMBER TO NOTIFY DFAS IF YOUR ADDRESS CHANGES		DEFENSE FINANCE AND ACCOUNTING SERVICE CLEVELAND CENTER (CODE PRR) PO BOX 99191 CLEVELAND OH 44199-1126 COMMERCIAL (216) 522-6955 TOLL FREE 1-800-321-1080 TOLL FREE FAX 1-800-469-6559 EMPLOYEE MEMBER SELF SERVICE (E/MSS) https://emss.dfas.mil/emss.html 1-877-DOD-EMSS (1-877-363-3677)
PO1 RONALD HAMILTON STEWART USN RET 20721-C CRYSTALHILL CR GERMANTOWN MD 20874-3948		

ITEM	OLD	NEW	ITEM	OLD	NEW
GROSS PAY	1,118.00	1,118.00	FITW	34.25	34.25
VA WAIVER	427.00	427.00	ALLOTMENTS/BONDS	21.00	16.00
TAXABLE INCOME	691.00	691.00			
			NET PAY	635.75	640.75

DIRECT DEPOSIT	TAXABLE INCOME: FEDERAL INCOME TAX WITHHELD:	7,601.00 376.75
----------------	---	--------------------

FEDERAL WITHHOLDING STATUS:	SINGLE
TOTAL EXEMPTIONS:	01
FEDERAL INCOME TAX WITHHELD:	34.25

NO SBP ELECTION IS REFLECTED ON YOUR ACCOUNT.

FORM RASIF

026-40-4232 - 90H
STEWART RONALD HAMILTON
June 02, 2005

Your brother's Retired Pay was being sent directly to his account via the Direct Deposit system. This Center will recover any Retired Pay sent after the date of death directly from the bank, in accordance with U.S. Treasury Department procedures. Do not send any monies to this Center yourself, unless you are specifically requested to do so at a later time by this Center.

Our records indicate that the following allotments were being deducted from your brother's Retired Pay:

Type of Allotment	Payee's Name and Address	Monthly Amount
INSURANCE ALLOTMENT	OSGLI 1-880419-1473	\$35.00

If you have any questions, please call:

1-(800)-321-1080 (only from within the Continental U.S.,
including Alaska, Hawaii and Ohio)
1-(216)-522-5955 (from anywhere 7:00 a.m. to 7:30 p.m.
Eastern time)

Or write:

DEFENSE FINANCE AND ACCOUNTING SERVICE
US MILITARY RETIREMENT PAY
PO BOX 7130
LONDON KY 40742-7130

Sincerely,

Retired and Annuity Pay

Enclosure(s) :

(1) Return Envelope

(2) Claim for Unpaid Compensation (SF 1174)

CERTIFICATE OF INSURANCE FOR



VETERANS GROUP LIFE INSURANCE

RONALD H. STEWART
1505 SUNNYVALE ST #202
AUSTIN, TX 78741-2550

SSN: 026-40-4232
INSURANCE AMOUNT: \$50,000
ISSUE DATE: 07/01/93
EXPIRY DATE: 06/28/98
07/06-A-01427

This Certificate explains in general terms the rights and benefits available to you, as the person insured for the Veterans Group Life Insurance described by this Certificate, under the provisions of a Group Life Insurance policy purchased from a commercial life insurance company by the Department of Veterans Affairs in accordance with the provisions of Subchapter III of Chapter 19, Title 38, United States Code.

The insurance for which you are insured under the Group Policy is term insurance. You cannot assign it to anyone. It builds no cash, loan, paid-up or extended insurance values. You should not look upon it as a substitute for any other insurance you own or contemplate purchasing. Any Servicemen's Group Life Insurance for which you were previously insured under the Group Policy will have terminated prior to the date this insurance takes effect. However, you may retain any other Government or private insurance while insured under the Group Policy. Also, it will not affect your rights to other veterans' benefits.

The Group Policy, which provides the insurance referred to in this Certificate, may be modified or terminated as may be required by any change in the Veterans Group Life Insurance provisions of Subchapter III of Chapter 19, Title 38, United States Code, or for other reasons. Any such modification or termination, however, will not affect adversely any claim arising from death before the modification or termination.

This Certificate summarizes the important provisions of the Group Policy for your information. It is NOT a contract of insurance. Your rights and benefits under the law and the Group Policy at any time are dependent upon the facts in your individual case.

LIFE INSURANCE DEATH BENEFIT

The amount of your life insurance is payable if your death occurs while you are insured, except as provided under "Forfeiture".

To receive payment of the life insurance, your beneficiary (or survivor) must make claim to the Office of Servicemen's Group Life Insurance on the form provided by that Office. Written proof of the claimant's right to payment must be furnished.

If any person otherwise entitled to payment fails to make claim within one year after your death, or if payment to such person within that period is prohibited by Federal statute or regulation, payment may be made in the order of precedence set forth under "Beneficiary", as if such person had died before you.

If, within two years after your death, no claim has been made by any person entitled to payment, payment may be made to a claimant who, in the judgment of the Department of Veterans Affairs, is equitably entitled thereto.

FORFEITURE

Any person guilty of mutiny, treason, spying, or desertion, or who because of conscientious objections, refused to perform service in the Armed Forces of the United States or refuses to wear the uniform of such force, shall forfeit all rights to the insurance. No insurance shall be payable for death inflicted as a lawful punishment for crime or for military or naval offense, except when inflicted by an enemy of the United States.

IMPORTANT NOTICE

No person may carry a combined amount of Servicemen's Group Life Insurance and Veterans Group Life Insurance in excess of \$200,000 (the maximum amount of insurance allowed under the provisions of Subchapter III of Chapter 19, Title 38, United States Code).

SGLV 204B ED. 12/92

OFFICE OF SERVICEMEN'S GROUP LIFE INSURANCE * 213 WASHINGTON STREET, NEWARK, N.J. 07102-2999

INSTRUCTIONS ON REVERSE SIDE)

FOR USE BY
PHYSICIANS AND
MEDICAL EXAMINERS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

DECEDENT - NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)	
1		Ronald		Hamilton		Stewart		M	May 18, 2005	
PLACE OF DEATH (City/Town)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (if not in English, give street and number)						
2		3		4		5				
Springfield		Hampden		Baystate Medical Center						
PLACE OF DEATH (Check only one)		OTHER		SOCIAL SECURITY NUMBER		IF US WAR VETERAN				
HOSPITAL:		RESIDENCE:		6		7				
<input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> OOA		<input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		026-40-4232		Vietnam				
WAS DECEASED OF HISPANIC ORIGIN?		RACE (If of White, Black, American Indian, etc.)		DECEDENT'S EDUCATION (Highest Grade Completed)						
(If yes, Specify Puerto Rican, Dominican, Cuban, etc.)		(Specify)		8		9				
<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		White		12						
AGE - Last Birthday		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)		BIRTH-PLACE (City and State or Foreign Country)		
10		11		12		13		14		
56		MOS		DAYS		Feb 10, 1949		Birkenhead, England		
MARRIED, NEVER MARRIED		LAST SPOUSE (If wife, give maiden name)		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY				
15		16		17		18		19		
Divorced		Nisha Unknown		Documents Manager		Pharmaceutical				
RESIDENCE - NO & ST. CITY/TOWN, COUNTY, STATE/COUNTRY										
12		13		14		15		16		
36 Clayton Drive West Springfield Hampden Massachusetts								01089		
FATHER - FULL NAME		STATE OF BIRTH (If not in US, name country)		MOTHER - NAME (GIVEN) (Maiden)		STATE OF BIRTH (If not in US, name country)				
17		18		19		20		21		
James Stewart		England		Marilyn Stewart		England				
INFORMANT'S NAME		RESIDING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE		RELATIONSHIP						
22		23		24		25		26		
Caren Britt		36 Clayton Dr West Springfield MA		Sister						
METHOD OF IMMEDIATE DISPOSITION		FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE		LICENSE #						
27		28		29		30		31		
<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION		Joseph J. Nowak		5957						
<input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE										
<input type="checkbox"/> DONATION <input type="checkbox"/> OTHER SPEC										
PLACE OF DISPOSITION (Name of Cemetery, Crematory or other)		LOCATION (City/Town, State)								
32		33		34		35		36		
Springfield Crematory		Springfield Massachusetts								
DATE OF DISPOSITION (Mo., Day, Yr.)		NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE								
27		28		29		30		31		
May 23, 2005		Nowak Funeral and Cremation Services 15 Ludlow Ave Spfld MA						01151		
PART I - Enter the disease, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. (List only one cause on each line. If through a PRINT OR TYPE LEGIBLY)										
37		38		39		40		41		
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Cardiopulmonary Arrest		hours						
38		39		40		41		42		
Coronary Artery Disease		years								
SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
43		44		45		46		47		
PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I										
48		49		50		51		52		
MED EXAM. NOTIFIED? (Yes or No)		MANNER OF DEATH		DATE OF INJURY (Mo., Day, Yr.)		TIME OF INJURY		INJURY AT WORK (Yes or No)		
53		54		55		56		57		
YES		NATURAL <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/>								
58		59		60		61		62		
		ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/>								
DESCRIBE HOW INJURY OCCURRED		PLACE OF INJURY (At home, farm, street, library, office bldg, etc.) Specify		LOCATION (No. & St., City/Town, State)						
63		64		65		66		67		
36d To be completed by PHYSICIAN OR MEDICAL EXAMINER ONLY		36e To be completed by PHYSICIAN OR MEDICAL EXAMINER ONLY								
68		69		70		71		72		
Is the best of my knowledge, death caused as the above date and place and due to the cause(s) stated (Signature and Title)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
73		74		75		76		77		
May 18, 2005		10:11		P M						
NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER		NAME OF PHYSICIAN OR MEDICAL EXAMINER (Type or Print)		LICENSE NO. OF CERTIFIER						
78		79		80		81		82		
Susan Tarrey MD		Jay Ishida MD 759 Chestnut Street Springfield, MA 01099		214703						
WAS THERE A PRONOUNCEMENT FORM? (Yes or No)		IF YES, DATE PRONOUNCED		IF YES, TIME PRONOUNCED		NAME OF PRONOUNCER				
83		84		85		86		87		
NO										
DATE BURIAL PERMIT ISSUED		RECEIVED IN THE CITY/TOWN OF		CLERK'S SIGNATURE		DATE OF RECORD				
88		89		90		91		92		
May 20, 2005		SPRINGFIELD		C. Cheneau		MAY 24 2005				
301-01										

announcement of Death
form (R-302) on file: ☐PERMANENT
LACK INK ONLY

301-01

City of Springfield, Mass. May 25 2005

I, Mary C. Cheneau, being duly sworn, depose and say that I am the Assistant City Clerk of the City of Springfield, Commonwealth of Massachusetts. That the records of births, marriages and deaths in said City are in my custody, and that the foregoing is a true copy of the return of a death on file in the office of the City Clerk of said Springfield.

Witness my hand and the seal of the said City of Springfield, May 25 2005

Attest:

Mary C. Cheneau
Assistant City Clerk of Springfield, Mass.

JUL 19 2005 15:45 P.04

FAX: 413/465592

TOWN OF WEST SPRINGFIELD

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT

ANY ALTERATIONS IN SHADED
AREAS RENDER FORM VOID

46-13

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION TEMPORARY DISABILITY RETIRED LIST	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY CHNAVPER 082012ZFEB93 AND MILPERMAN 3860380	26. SEPARATION CODE SFK	27. REENTRY CODE RE-3P
28. NARRATIVE REASON FOR SEPARATION PLACED ON TEMPORARY DISABILITY RETIRED LIST		
29. DATES OF TIME LOST DURING THIS PERIOD TL: NONE		30. MEMBER REQUESTS COPY 4 Initial

九千九百九十九

תוספת ד' - חלק א'

July 13, 2005

To Whom it May Concern,

My brother Ronald Hamilton Stewart(SS# 026-40-4232) died May 18,2005.
Ron designated me as beneficiary on 10-28-2000. Document of that is
attached>

Ron was in the Navy for 23 years. Included in this packet are 2 copies of his
retiree account statement. 1 copy Nov.7,2001-Dec3,2001 beneficiary information
on back of the pay statement for periods Jan 10,2002-Feb. 1,2002. Caren Britt 100%
Beneficiary.

Since 2004 Defence Finance and Accontig service Cleveland Center Box 99191
Cleveland, Ohio has sent me a monthly check from my brothers retiree account until
May 18th. The check stopped upon his death.

My address is 36. Clayton Drive West Springfield Mass. 01089.

Sincerely,

Caren Britt

my home telephone # 413-734-0423

JUL 15 2005 15:45 P.02

Fax: 413/465392

TURN UP WEST ST. FLD.

James G. Berrelli Jr.
Director of Veterans' Services
26 Central St
West Springfield, MA 01089
Fax: 1-413-748-5592

**Town of West
Springfield**

Fax

To: VA Insurance claims claim no. 106-186-
86

Fax: 1-877-832-4943 12 pages

Phone: 1-800-419-1473

Re: Insurance claim for beneficiary **CC:** James G. Berrelli Jr.

Please Reply

Here is the information that you requested relating to beneficiary claim to policy for life insurance claim no: 106-186-86. I am the Director of Veterans' Services of West Springfield assisting in this matter. Thank you for your time and consideration in this matter. James G. Berrelli Jr. MED/CAS REHAB . God Bless America

Jul 15 2005 15:45 P.01

FAX: 413/748-5592

TOWN OF WEST SPRINGFIELD

EXHIBIT E

July 22, 2005

JUL 28 2005

Office of Group Members Life Insurance
290 W Mount Pleasant Avenue,
Livingston, N J
07039-2747

Re 10618686-Ronald H Stewart, decedent

Certificate Number 7004 2510 0007 2505 1296

Dear Ms Reis,

Pursuant to the attached beneficiary designation wherein I am named sole beneficiary for the death benefits for Mr Stewart, I am enclosing a copy of the original death certificate as well as the application form number SGLV-8283

I am also sending a copy of the beneficiary form naming me beneficiary, which was the last one on file at the time the decedent passed away Please process my application pursuant to the rules of designation and release the funds to me as outlined in your letter of June 13, 2005 If you have any questions please do not hesitate to notify me at your earliest convenience

Truly Yours,



S Ray DeRusse

817-923-9339 voice and
817-924-7048 fax

(INSTRUCTIONS ON REVERSE SIDE)

FOR USE BY
PHYSICIANS AND
MEDICAL EXAMINERS

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

756

JUL 28 2005

STATE USE ONLY
4c Hosp
5 Type
6 Hosp Race
10 Age
15 Resid
15 Out State
23 Disp
31 32 Autop
34 Manner
35a Work Inj
35i Place
30 37 Cert
40a Pron

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

DECEDENT NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo Day Yr)	
1		Ronald		Hamilton		Stewart		M	3 May 18, 2005	
PLACE OF DEATH (City/Town)		COUNTY OF DEATH		HOSPITAL OR OTHER INSTITUTION		Name (If not in either give st and number)				
4a		Springfield		4b		Hampden		4c		Baystate Medical Center
PLACE OF DEATH (Check only one)		HOSPITAL		OTHER		SOCIAL SECURITY NUMBER		IF US WAR VETERAN		
5		<input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DCA		<input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		6		026-40-4232		7
WAS DECEDENT OF HISPANIC ORIGIN?		(If yes Specify Puerto Rican Dominican Cuban etc)		RACE (e.g. White Black American Indian, etc)		(Specify)		DECEDENT'S EDUCATION (Highest Grade Completed)		
8a		<input type="checkbox"/> NO <input type="checkbox"/> YES		8b		White		9		12
AGE Last Birthday		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo Day Yr)		BIRTHPLACE (City and State or Foreign Country)		
10a		36		MOS DAYS HOURS MINS		Feb 10, 1949		10b		Birkenhead, England
MARRIED NEVER MARRIED		LAST SPOUSE (If wife give maiden name)		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY				
12		Divorced		13		Nisha Unknown		14a		Pharmaceutical
RESIDENCE NO & ST CITY/TOWN COUNTY STATE/COUNTRY		FATHER FULL NAME		STATE OF BIRTH (If not in the US name country)		MOTHER NAME (GIVEN) (MAIDEN)		STATE OF BIRTH (If not in the US name country)		
15a		36 Clayton Drive West Springfield Hampden Massachusetts		16		James Stewart		17		Marilyn Stewart
INFORMANT'S NAME		MARRIAGE ADDRESS (No & St City/Town State ZIP CODE)		RE AT CHSHP						
20		Caren Britt		21		36 Clayton Dr West Springfield MA		22		Sister
23 METHOD OF IMMEDIATE DISPOSITION		BURIAL		CREMATION		REMOVAL FROM STATE		24		Joseph J. Nowak
25		Springfield Crematory		26		Springfield Massachusetts		27		01151
DATE OF DISPOSITION		MAY 23 2005		28		Nowak Funeral and Cremation Services 15 Ludlow Ave Spfld MA		29		01151
PART I Enter the disease, injuries or complications that caused the death. Do not list only the mode of dying such as cardiac or respiratory arrest shock or heart failure		IMMEDIATE CAUSE (Final disease or condition resulting in death)		DURING		CONSEQUENCE OF		Approximate Interval Between Onset and Death		
30		Coronary Artery Disease		31		Arrest		32		hours
33		Coronary Artery Disease		34		Arrest		35		years
PART II Other significant conditions contributing to death but not resulting in underlying cause given in Part I		WAS AUTOPSY PERFORMED? (Yes or No)		31		No		32		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)
30		MED EXAM NOTIFIED? (Yes or No)		31		YES		32		INJURY AT WORK (Yes or No)
33		MANNER OF DEATH		34		NATURAL		35		COULD NOT BE DETERMINED
36		DATE OF INJURY (Mo Day Yr)		37		TIME OF INJURY		38		LOCATION (No & St City/Town State)
39		DESCRIBE HOW INJURY OCCURRED		40		PLACE OF INJURY (At home farm street factory office blog etc) Specify		41		LOCATION (No & St City/Town State)
35d		35a To the best of my knowledge death occurred at the time date and place and due to the cause(s) stated		35b		DATE SIGNED (Mo Day Yr)		35c		HOUR OF DEATH
36a		May 18 2005		36b		10 11		36c		PM
36d		NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER		36e		Jay Ishida MD 759 Chestnut Street Springfield MA 01099		36f		759 Chestnut Street Springfield MA 01099
36g		NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print)		36h		WAS THERE A PRONOUNCEMENT FORM? (Yes or No)		36i		IF YES DATE PRONOUNCED
36j		NO		36k		IF YES TIME PRONOUNCED		36l		NAME OF PRONOUNCER
36m		DATE BURIAL PERMIT ISSUED		36n		RECEIVED IN THE CITY/TOWN OF		36o		DATE OF RECORD
36p		MAY 20 2005		36q		SPRINGFIELD		36r		MAY 24 2005
36s		SIGNATURE OF DECEASED		36t		CLERK'S SIGNATURE		36u		DATE OF RECORD
36v		Admin Assistant		36w		C. J. [Signature]		36x		DATE OF RECORD

Pronouncement of Death
Form (R 302) on File ☐PERMANENT
BLACK INK ONLY

R 301 01

City of Springfield, Mass July 21 2005

I Herby Depose and Say that I am the Deputy City Clerk of the City of Springfield Commonwealth of Massachusetts That the records of births, marriages and deaths in said City are in my custody, and that the foregoing is a true copy of the return of a death on file in the office of the City Clerk of said Springfield

Witness my hand and the seal of the said City
of Springfield, July 21 2005

Attest: [Signature]
Deputy City Clerk of Springfield Mass

INSTRUCTIONS TO CLAIMANTS

THIS FORM SHOULD BE USED WHEN THE DECEASED HAD INSURANCE IN FORCE UNDER SERVICEMEMBERS GROUP LIFE INSURANCE (SGLI) OR VETERANS GROUP LIFE INSURANCE (VGLI)

PAYMENT OF DEATH BENEFITS

Under Servicemembers and Veterans Group Life Insurance death benefit payments must be made in the following order

- To the beneficiary named in writing by the insured if none the insurance is payable to
- the widow or widower of the insured if none it is payable to
- child or children in equal shares with the share of any deceased child distributed among the descendants of that child if none it is payable to
- parent(s) in equal shares if none it is payable to
- a duly appointed executor or administrator of the insured's estate and if none to
- other next of kin

COMPLETION OF CLAIM FOR DEATH BENEFITS

It is important that all requested information be furnished. Omission or incomplete answers will delay settlement of the claim. All information should be typed or printed in ink except the signature.

- | | |
|-------------------------|--|
| ITEM 1 | Show full name of the deceased serviceman, servicewoman or veteran |
| ITEM 2 | Show Social Security number of deceased. If the deceased did not have a Social Security number show service number |
| ITEM 3 | Show date of death of deceased |
| ITEMS 4, 5 AND 6 | Show branch of service, duty status on date of death (if known) and date of discharge or separation (if known) of deceased |
| ITEMS 7, 8 AND 9 AND 10 | Show your full name, relationship to deceased, your date of birth and Social Security number |

If you were married to the deceased when he/she died but were not named as his/her insurance beneficiary, complete Item 11A through 14C as applicable.

If you were not married to the deceased when he/she died and were not specifically named as his/her insurance beneficiary, complete Part II through 15D. Be sure to provide the required information as to the deceased's marital status and any children. In Items 15A through 15D give the information about persons indicated in the answers to the preceding questions. In Part II use a separate signed sheet if necessary.

Complete Part III if you were not named as the insurance beneficiary, were not married to the deceased at his/her death and are not a parent of the deceased.

Part IV must be completed by all claimants.

EVIDENCE REQUIRED

If the deceased died while on active duty or while a member of a Reserve or National Guard Unit, the Office of Servicemembers Group Life Insurance will be furnished with proof of death by the Uniformed Services. In all other situations, the claimant must submit a certified copy of the Certificate of Death.

Members performing duty on a full time basis usually over 30 days and qualified members of the Ready Reserve are insured for 120 days following separation. Members totally disabled at separation may be insured for up to one year following separation as long as total disability continues. If the insured died while covered following separation from service, the claimant must also submit a copy of a report of separation DD 214.

You will be informed if it becomes necessary to submit other evidence.

If you need assistance in completing this claim form, contact your nearest Department of Veterans Affairs Office.

CLAIM FOR DEATH BENEFITS (Service members Group Life Insurance) (Veterans Group Life Insurance)		RETURN COMPLETED FORM TO OFFICE OF SERVICEMEMBERS GROUP LIFE INSURANCE 290 West Mount Pleasant Avenue Livingston New Jersey 07039-2747	
FOR OSGLI USE ONLY		JUN 28 2005	
NOTE: THIS FORM IS NOT TO BE USED FOR NATIONAL SERVICE LIFE INSURANCE (NSLI) Policy Numbers Prefixed by V H RH RS W J JR and JS or UNITED STATES GOVERNMENT LIFE INSURANCE (USGLI) Policy Numbers Prefixed by K			
1 NAME OF DECEASED (First middle last) Ronald Hamilton Stewart		2 SOCIAL SECURITY NUMBER 026-40-4232	
3 DATE OF DEATH 5-18-05		4 BRANCH OF SERVICE NAVY	
5 DUTY STATUS ON DATE OF DEATH (If known) <input type="checkbox"/> ACTIVE DUTY <input checked="" type="checkbox"/> DISCHARGED OR SEPARATED <input type="checkbox"/> DRILLING RESERVIST <input type="checkbox"/> INDIVIDUAL READY RESERVIST		6 IF DISCHARGED OR SEPARATED GIVE DATE (If known) (Month day year)	
PLEASE READ THE IMPORTANT INFORMATION AND INSTRUCTIONS ON REVERSE BEFORE COMPLETING			
PART I — INFORMATION CONCERNING CLAIMANT			
7 NAME (First middle last) Salathiel Ray DeRusse		8 RELATIONSHIP TO DECEASED Best friend	
9 DATE OF BIRTH (Month day year) 03-11-57		10 SOCIAL SECURITY NUMBER 459-21-5600	
NOTE — Complete Items 11A through 14C if you are the widow or widower of deceased			
11A DATE OF MARRIAGE (Mo day yr)		11B PLACE OF MARRIAGE (City and State)	
12 DID MARRIAGE CONTINUE UNTIL DATE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		13A DID DECEASED HAVE ANY PREVIOUS MARRIAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes complete 13B and 13C)	
13B PREVIOUS MARRIAGE TERMINATED BY <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		13C DATE PREVIOUS MARRIAGE TERMINATED (If divorced within last 5 years attach copy of the divorce decree)	
14A DID YOU HAVE ANY PREVIOUS MARRIAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes complete 14B and 14C)		14B PREVIOUS MARRIAGE TERMINATED BY <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE	
14C DATE PREVIOUS MARRIAGE TERMINATED (If divorced within last 5 years attach copy of the divorce decree)			
NOTE — If you are not the named beneficiary widow or widower of the deceased complete Parts II and III			
PART II — INFORMATION CONCERNING NEXT-OF KIN OF DECEASED			
List below the name age relationship and address of (Check appropriate places below)			
(a) Widow or Widower <input type="checkbox"/> None If none was insured ever married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes did marriage terminate by <input type="checkbox"/> Death Give Date _____ <input type="checkbox"/> Divorce Give Date _____			
(b) If there is no surviving widow or widower list all the children of the deceased Include any adopted child or illegitimate child stating which class it is and list the descendants of any deceased child or children If none check here <input type="checkbox"/>			
(c) If there are no children or descendants of children list the surviving parent or parents Is father deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No Is mother deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(d) If there are no survivors within the degrees indicated in (a) through (c) list below the next of kin who may be capable of inheriting from the deceased (brothers sisters descendants of deceased brothers sisters etc.)			
15A NAME	15B AGE	15C RELATIONSHIP TO DECEASED	15D ADDRESS
NOTE — Complete Items 16 and 17 ONLY if any of the persons listed above are under age 21			
16 NAME AND ADDRESS OF GUARDIAN FOR ANY MINOR CHILDREN LISTED ABOVE IF ONE HAS BEEN APPOINTED BY THE COURT (Attach copy of appointment paper issued by court)			17 IF A GUARDIAN HAS NOT BEEN APPOINTED WILL ONE BE APPOINTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PART III — INFORMATION CONCERNING THE ESTATE OF THE DECEASED			
18 NAME AND ADDRESS OF EXECUTOR OR ADMINISTRATOR IF ANY APPOINTED BY THE COURT TO SETTLE THE ESTATE OF THE DECEASED			19 IF AN EXECUTOR OR ADMINISTRATOR HAS NOT BEEN APPOINTED WILL ONE BE APPOINTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
PART IV — CERTIFICATION BY CLAIMANT			
I HEREBY CERTIFY that all statements made in this claim are true to the best of my knowledge information and belief and that no evidence necessary to a settlement of this claim is suppressed or withheld In the event the insured has not previously elected monthly installments I request that the death benefit be paid in (Check one) <input checked="" type="checkbox"/> One Sum <input type="checkbox"/> 36 Equal Monthly Installments			
20 SIGNATURE OF CLAIMANT (Do not print) S. Ray DeRusse		21 ADDRESS (Number and Street Apt No City State and ZIP Code) 2917 Lipscomb St. Fort Worth, TX 76110	
22 DATE 7-04-05		23 DAYTIME PHONE NUMBER 817-923-9339	
WARNING — Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10 000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001)			

RECEIVED

BENEFICIARY DESIGNATION FORM

Mar 28 2005

** TOTAL PAGE 02 **

July 14, 2005

Office of Group Members Life Insurance
290 W. Mount Pleasant Avenue,
Livingston, N.J.
07039-2747

Re: 10618686.
Fax number 1-877-832-4943

Dear Ms. Reis;

Thank you for speaking with me this morning, I appreciate your time and efforts. In the above referenced matter, and from our conversation this morning it is my understanding that you will be sending to me a copy of a letter sent to Craig Stewart in which you inform him of my status as sole beneficiary.

It is also my understanding that Caren Britt may have information, which places her as beneficiary in 2002. You say you must receive documents from Ms. Britt to ascertain whether there was ever a change in 2002. Please note that my position will be that a beneficiary change filed after the decedent died is not sufficient to perfect a legal beneficiary change.

If these documents were filed in 2002 or 2003, several years ago, we find it highly unusual and suspect that VGLI would not have a record of this change and removed the last designation and replaced it with a newer one. Therefore it is not credible to believe that VGLI must obtain a copy from the beneficiary rather than the insured. If the insurer plans to make a belated, unauthorized, and illegal change then I want to formally request you place the funds in an account to be held by the court for a judicial review.

If you have any questions please do not hesitate to let me know at your earliest convenience.

Truly Yours,



S. Ray DeRusse

817-923-8339 voice and
817-924-7048 fax

July 10, 2005

Office of Group Members Life Insurance
290 W. Mount Pleasant Avenue,
Livingston, N.J.
07039-2747

re: 10618686
fax number 1-877-832-4943

Dear Ms. Reis,

Pursuant to your letter of June 13, 2005, regarding my beneficiary designation, I am in the process of obtaining a death certificate for Ronald H. Stewart. I am, however, unsure of whether or not the certificate is available. The state of Massachusetts uses a company called US Certs. They tell me it takes about 90 days from the date of death for them to obtain from the state a valid certificate. They also tell me that the cost is the same whether or not a certificate is available. In other words they charge just for the search but tell me I should wait a reasonable amount of time to make sure it is there. I therefore, will wait until I can be reasonably sure it is available which means it may take until the end of July. I will order one on July 12, and if it is available I can have it sent directly to you if necessary. Until then I am partially perfecting the claim by filling out and faxing to you a copy of the form SGLV 8283. I will send all signed originals when the certificate is received.

I sent a letter to Caren Britt, Ron's sister, which she received on July 08, 2005. I have also spoken with her on two occasions recently. She called me on Saturday July 09, and was vague and unclear as to whether or not she has a copy of the death certificate. If you have any questions please do not hesitate to let me know at your earliest convenience.

Cordially,


S. Ray DeRusse

817-924-7048 fax
817-923-9339 voice
srd@ispwest.com

CLAIM FOR DEATH BENEFITS (Servicemembers' Group Life Insurance) (Veterans' Group Life Insurance)		RETURN COMPLETED FORM TO: OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE 290 West Mount Pleasant Avenue Livingston, New Jersey 07039-2747	
<small>FOR OESLI USE ONLY</small>			
NOTE: THIS FORM IS NOT TO BE USED FOR NATIONAL SERVICE LIFE INSURANCE (NSLI) Policy Numbers Prefixed by V, H, RH, RS, W, J, JR and JS or UNITED STATES GOVERNMENT LIFE INSURANCE (USGLI) Policy Numbers Prefixed by K			
1. NAME OF DECEASED (First, middle, last) Ronald Hamilton Stewart		2. SOCIAL SECURITY NUMBER 026-40-4232	
3. DATE OF DEATH 5-18-05			
4. BRANCH OF SERVICE NAVY	5. DUTY STATUS ON DATE OF DEATH (if known) <input type="checkbox"/> ACTIVE DUTY <input checked="" type="checkbox"/> DISCHARGED OR SEPARATED <input type="checkbox"/> CALLING RESERVIST <input type="checkbox"/> INDIVIDUAL READY RESERVIST		6. IF DISCHARGED OR SEPARATED, GIVE DATE (if known) (Month, day, year)
PLEASE READ THE IMPORTANT INFORMATION AND INSTRUCTIONS ON REVERSE BEFORE COMPLETING.			
PART I — INFORMATION CONCERNING CLAIMANT			
7. NAME (First, middle, last) Salathiel Ray DeRusse		8. RELATIONSHIP TO DECEASED Best friend	
9. DATE OF BIRTH (Month, day, year) 03-11-57		10. SOCIAL SECURITY NUMBER 459-21-5600	
NOTE — Complete items 11A through 14C if you are the widow or widower of deceased.			
11A. DATE OF MARRIAGE (Mo., day, yr.)	11B. PLACE OF MARRIAGE (City and State)		12. DID MARRIAGE CONTINUE UNTIL DATE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO
13A. DID DECEASED HAVE ANY PREVIOUS MARRIAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete 13B and 13C)	13B. PREVIOUS MARRIAGE TERMINATED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		13C. DATE PREVIOUS MARRIAGE TERMINATED (if divorced within last 5 years, attach copy of the divorce decree)
14A. DID YOU HAVE ANY PREVIOUS MARRIAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete 14B and 14C)	14B. PREVIOUS MARRIAGE TERMINATED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		14C. DATE PREVIOUS MARRIAGE TERMINATED (if divorced within last 5 years, attach copy of the divorce decree)
NOTE — If you are not the named beneficiary, widow or widower of the deceased, complete Parts II and III.			
PART II — INFORMATION CONCERNING NEXT-OF-KIN OF DECEASED			
List below the name, age, relationship, and address of: (Check appropriate places below)			
(a) Widow or Widower, <input type="checkbox"/> None If none, was insured ever married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did marriage terminate by <input type="checkbox"/> Death Give Date _____ <input type="checkbox"/> Divorce Give Date _____			
(b) If there is no surviving widow or widower, list all the children of the deceased. Include any adopted child or illegitimate child stating which class it is and list the descendants of any deceased child or children. If none, check here <input type="checkbox"/>			
(c) If there are no children or descendants of children, list the surviving parent or parents. Is father deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No Is mother deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(d) If there are no survivors within the degrees indicated in (a) through (c), list below the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers, sisters, etc.).			
15A. NAME	15B. AGE	15C. RELATIONSHIP TO DECEASED	15D. ADDRESS
NOTE — Complete items 16 and 17 ONLY if any of the persons listed above are under age 21.			
16. NAME AND ADDRESS OF GUARDIAN FOR ANY MINOR CHILDREN LISTED ABOVE IF ONE HAS BEEN APPOINTED BY THE COURT (Attach copy of appointment paper issued by court)		17. IF A GUARDIAN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PART III — INFORMATION CONCERNING THE ESTATE OF THE DECEASED			
18. NAME AND ADDRESS OF EXECUTOR OR ADMINISTRATOR, IF ANY, APPOINTED BY THE COURT TO SETTLE THE ESTATE OF THE DECEASED		19. IF AN EXECUTOR OR ADMINISTRATOR HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PART IV — CERTIFICATION BY CLAIMANT			
I HEREBY CERTIFY that all statements made in this claim are true to the best of my knowledge, information, and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld. In the event the insured has not previously elected monthly installments, I request that the death benefit be paid in: (Check one) <input checked="" type="checkbox"/> One Sum <input type="checkbox"/> 36 Equal Monthly Installments.			
20. SIGNATURE OF CLAIMANT (Do not print) S. Ray DeRusse		21. ADDRESS (Number and Street, Apt. No., City, State and ZIP Code) 2917 Lipscomb St. Fort Worth, Tx. 76110	
		22. DATE 7-04-05	
		23. DAYTIME PHONE NUMBER 817-923-9339	
<small>WARNING — Any intentional false statement in this claim or minor misrepresentation relative thereto is subject to prosecution by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001).</small>			

Rose Andriola
OSGLI
Phone Number: 973-548-6636
Fax Number: 1-877-832-4943

Friday July 1, 2005 04:13 PM

To: Maria Reis/GLDI/INST/Prudential@Prudential
cc:
Subject: In reference to Ronal H. Stewart, claim number
10618686

----- Forwarded by Rose Andriola/GLDI/INST/Prudential on 07/01/2005 04:13 PM -----

"S. Ray DeRusse" <srd@ispwest.com>

To: osgli.claims@prudential.com

cc:

Friday July 1, 2005 03:53 PM
Please respond to srd

Subject: In reference to Ronal H. Stewart, claim number
10618686

Dear Ms. Reis;

Would you please fax or email to me the letter from Craig Stewart
you
referenced in your first communication with me, dated June 13, 2005. That
letter was not found in the materials as an attachment. Also please
include any other notes, letters, emails, or materials submitted by
Craig or anyone pertinent and relevant to this claim. Please include any
material which is not considered a privileged communication. If you have
any questions please do not hesitate to call me at 817-923-9339.

Truly Yours,

S. Ray DeRusse
fax # 817-924-7048

June 30, 2005

Office of Group Members Life Insurance
290 W Mount Pleasant Avenue,
Livingston, N.J.
07039-2747

re: 10618686
fax number 1-877-832-4943

Dear Ms. Reis;

I send this letter you in the form of a brief statement. I have known for sometime that Ron was struggling with prostate cancer although I thought he was cured as he indicated. I also know how his family including Craig Stewart, may feel with respect to these insurance proceeds. However, that aside so that they may not conjure up feelings of false hope, and so others who are uninformed may not be falsely encouraging them, let them know through your in house counsel that life insurance proceeds are treated separately from other property by the operation of the law within the probate courts. In addition since this operation derives from state law, it falls under a contractual obligation by the insurer, the insured, and the beneficiary with no other parties considered.

The courts are generally reluctant to intervene because it means they have to revisit a well worn established path to contract law and look for defective language in a contract and disturb statutory law to do so. They will also question why the drafters are not defending their contract. Finally, disturbing the contract on the basis of what a decedent intended to do but did not do themselves given every opportunity to do so, would open the flood gates to challenging all manner of contracts by those seeking to unjustly enrich themselves. The courts are very clear on this and if you can relay this information to Craig it would be greatly appreciated. Incidentally this note is not intended to be mean spirited or confrontational, it's just that I have experience in this area so I know what I am speaking of. If you have any questions please do not hesitate to let me know at your earliest convenience.

Cordially,



S. Ray DeRusse
817-924-7048 fax
817-923-9339 voice

June 29, 2005

Office of Group Members Life Insurance

290 W. Mount Pleasant Avenue,
Livingston, N.J.
07039-2747

re: 10618686
by email, osgli.claims@prudential.com and
fax number 1-877-832-4943

Dear Ms. Reis

Pursuant to the above referenced claim, you may distribute the amounts in life insurance per the insured Ronald H. Stewart wishes. I understand that he made me beneficiary of his claim policy and wish that those amounts be forwarded to me per his instructions. Further you may invoke ITEM A (Lump sum) in the claims procedure and I will handle the matter from that point forward. Mr. Stewart and I had named each other beneficiaries as business partners in Austin Texas, and I understand that he wished to maintain that relationship beyond our partnership dissolution which amounted to closing of our art gallery.

As far as Craig Stewart claiming the proceeds for Ronald Stewart; The elder Ronald Stewart and I planned on leaving Craig certain property however when he was dishonorably discharged from the military for excessive alcoholism, and conduct unbecoming, we decided to remove him as our beneficiary.

In any case please forward the amounts indicated into the Prudential account and process the account per Mr. Stewart's wishes. I will fax to you the completed form number SGLV 8283. If you have any questions please do not hesitate to contact me at the listed number below.

S. Ray DeRusse

S. Ray DeRusse (Salathiel DeRusse)
2917 Lipscomb St.
Fort Worth, Texas
76110

817-924-7048 fax
817-923-9339 voice

EXHIBIT F

First Notice Of Death (FNOD)

106186860

CALLER & INSURED INFORMATION

- Fill in all requested information below, otherwise request cannot be processed.

Call Information

Date of Call: 05/23/2005
Caller's Name: Robert Britt
Caller's Relationship to Insured: CAREN BRITT SISTER HUSBAND CALLING FOR
Daytime Telephone Number: 413-734-0423
Fax Number (if any):

Insured's Information

Insured's First Name: Ronald
Insured's Last Name: STEWART
Insured's Date of Death: 05/18/2005
Insured's Social Security Number: 026-40-4232

What was the cause of death?

HEART ATTACK

Did you change the member status to 'Deceased' in COMPASS?

- ☒ Yes
☐ No

CLAIMANT INFORMATION

- If the Claimant is the same person as the Caller, check the appropriate box below and complete the address fields only.
- If the form is to be mailed to the claimant:
 - at the address of record: check the appropriate box and fill in the recipient's name and phone number
 - at an alternate address or faxed: check the appropriate box and fill in the applicable fields below.

☐ Caller listed above is Claimant☐ Send form to address of record☒ Send form to alternate address**Send form to Claimant as follows:**

Name: Caren Britt
Street Address: 36 CLAYTON DRIVE
City, State, Zip Code+4: WEST SPRINGFIELD MA 01089
Claimant's Relationship to Insured: SISTER
Fax Number (if any):

ADDITIONAL INFORMATION

- If there is more than one claimant requesting a form, type the additional information in the section below.

Enter freeform comments here:

Form Completed By: Shawna Kohn
05/23/2005
10:10:38 AM

FNOD Package Sent
By

LIFE Claims Management System

File Edit Claim SOAP Payments Interest Forms Options Window Help

New Claim Open Claim Claim Clm. History Medical Emp. Hist. Coverage Print Hist. Payee Cash Receipt Phone Book SOAP Claims

Phone Log Other Events Chronology Audit Trail Forms Queue View ED Open Plan Int. Calc Follows Exit Claim

10618686 : STEWART - INQUIRY

Telephone Call Log

Activity

☒ SO/ Made/Rec'd By: x029174 McKoy, Patricia Critical ☒

☒ Tel/ Caller: Robert Britt/brother in law Call Date: 06/23/2005 Time: 09:16 AM

☒ Con Reason: bene info Incoming: ☐ Outgoing: ☐

Call Documentation:

06/3 Mr. Britt contacted our office to verify if paperwork was mailed to his wife Caron who is the insured's sister. Mr. Britt was informed that sister was not listed as beneficiary. Wants to know who the bene is informed bene info confidential and cannot be disclosed.

06/2

06/2

06/1 States he has a document dated 10/28/2000 that lists his wife as bene, when I questioned him about the form he indicated the form was from DFAS and his wife received a condolence letter from them. I explained sgli/vgli program and also informed him that insured appears to have had a separate insurance through them to which his wife was designated. I provided the DFAS 800-435-3396 and informed him to call to verify any additional benefits his wife may be entitled to.

06/0

06/0 He also states that ex-wife has been calling around trying to cause trouble, states she has been married six times and wants to try to claim funds on her on behalf.

06/0

06/0

05/3

05/2

05/2

05/2

05/2

05/2

Interventions

OK Cancel

Branch: VGLI Rent 1st

INQUIRY CAPS NUM INS OSGLI

LIFE Claims Management System

File Edit Claim SOAP Payments Interest Forms Options Window Help

New Claim Open Claim Claim Claim History Medical Emp. Hist. Coverage Pmt. Hist. Payee Cash Recpt. Phone Book SOAP Cases

Phone Log Other Events Chronology Audit Trail Forms Queue View ED Open Plan Int. Calc. Follows Ext. Claim

10618686 : STEWART - INQUIRY

Telephone Call Log

Activity

☒ SO Made/Rec'd By: x132683 Ventura, Laura Critical ☒

☒ Tel Caller: S. Ray Delusa/Bene Call Date: 07/06/2005 Time: 09:33 AM

☒ Con Reason: advise of status Incoming ☒ Outgoing ☐

Call Documentation:

07/1 After identifying his ssn... I spoke with S.Ray regarding his claim.

07/0 S. Ray called to notify this office that it may take a while before he can obtain the dc. He indicated that Ronald's family is not very accepting that he is the beneficiary. He was not sure if the family would be cooperative and provide him with a copy of the death certificate. He stated that he will try to obtain the dc by contacting Ronald's family. He will notify once it is obtained and if it is obtained. He also stated that he may have a copy of Ronald's DD214, although he does not know exactly where it is. He was advised that if it is obtained to submit it (DD214) with the cf and dc.

06/2 He also wanted to verify the contingent beneficiary. He requested that a copy of the designation be faxed to him. I explained to him that bene info is confidential and I cannot reveal who the contingent bene is. I informed him that I can fax a copy of the beneficiary designation where only he is listed as bene. He understood.

06/1 7/6-As per beneficiary's rqst, faxed the bene des form to:1-817-924-7048

06/0 Tel:817-923-9339

06/0 Interventions ☒ OK ☒ Cancel

05/3

05/2

Branch: VGLI Rehl 1st

INQUIRY CAPS NUM INS OSGLI

LIFE Claims Management System

File Edit Claim SOAP Payments Interest Forms Options Window Help Claim Location

New Claim Open Claim Claim Cln. History Medical Emp. Hist. Coverage Print Hist. Payee Cash Receipt Phone Book SOAP Claims

Phone Log Other Events Chronology Audit Trail Forms Queue View EDI Open Plan Int. Calc Follows Exit Claim

10618686 : STEWART - INQUIRY

Telephone Call Log

Activity

☒ SO/ Made/Rec'd By: x132683 Ventura, Laura Critical ☒

☒ Tel/ Caller: S. Ray Call Date: 07/06/2005 Time: 10:09 AM

☒ Con/ Reason: fax Incoming ☒ Outgoing ☒

Call Documentation:

07/1 I called to notify him that I faxed the bene des. form per his rqst.

07/0 He stated that he wanted to verify the rules when designating a bene. I referred him to the VA website.

07/0 He also stated that a letter was supposed to be mailed to him concerning Craig. I informed him that I did not know the letter he is referring to. I informed him that I will leave a message for Maria to contact him regarding the letter he is speaking of.

06/3

06/2 Pls call back at: 817-923-8339

06/2 S. Ray's e-mail address: srd@ispwest.com

06/1

06/0

06/0

06/0

06/0

06/0

06/0

05/3

05/2

Interventions ☒ OK ☒ Cancel

Branch: VGLI Rent 1st

INQUIRY CAPS NUM INS OSGLI

LIFE CLAIMS database

File Edit Claim SOAP Payments Interest Forms Options Window Help Claim Creator

New Claim Open Claim Claim Claim History Medical Emp Hist Coverage Pmt Hist Payee Cash Resou Phone Book SOAP Cases

Phone Log Other Events Chronology Audit Trail Forms Queue View EDI Open Plan Int Calc Follows Exit Claim

10618686 : STEWART - INQUIRY

Telephone Call Log

Made/Rec'd By: x000937 Pais, Maria Critical ☒

Caller: Robert I/ Caren Britt Call Date: 07/18/2005 Time: 08:52 AM

Reason: protest Incoming: ☐ Outgoing: ☐

Call Documentation:

Robert is Caren's spouse , explained that she is not the designated beneficiary for the VGLI. Apparently she was designated for some retirement pay and is getting \$100.00 a month. Robert advise that Mr. Stewart and Ray were living together and at some time in 2000 they end the relationship(bad break out) and Robert change the bene to his sister. Again explained that under the VGLI she is not the contractual beneficiary. He indicated that he and his wife received a call from S Ray asking for Robert's death certificate. He knows that S Ray is the person listed, did not confirm or deny...He asked for form to protest... explained that we do not have such forms. His wife needs to submit a letter indicating her reasons for the protest and we will sent her a letter providing her 30 days to take legal action to stop us from paying the contractual beneficiary. Again explained Title 38, federal law and the insured's oitions regarding beneficiaries...

Given 48h to sent us the letter of protest....(son also indicated that he was protesting, however we have not yet received any court order and he was required to respond by 7/14/05)

Interventions ☒ OK ☒ Cancel

Branch: VGLI Ret 1st INQUIRY CAPS NUM INS OSLGI

LIFE Claims Management System

File Edit Claim SOAP Payments Interest Forms Options Window Help Claim Location

New Claim Open Claim Claim Claim History Medical Emp. Hist. Coverage Pmt. Hist. Payee Cash Receipt Phone Book SOAP Corres.

Phone Log Other Events Chronology Audit Trail Forms Queue View EDI Open Plan Int. Calc Follows Exit Claim

10618686 : STEWART - INQUIRY

Telephone Call Log

Activity

☒ SO/ Made/Rec'd By: x000944 Pelton, Dolores Critical ☒

☒ Tel/ Caller: Brother in law of deceased Call Date: 07/11/2005 Time: 09:39 AM

☒ Con/ Reason: alleges to have 2000 bene designation form Incoming ☒ Outgoing ☐

Call Documentation:

07/2
07/1
07/1
07/1
07/1
07/1
07/1
07/1
07/1
07/1
07/1
07/1
07/1
07/0
07/0
07/0
06/3
06/2
06/2

Brother in law of deceased called to say that they have a 2000 beneficiary designation form which names his wife Karen as beneficiary. I told him to fax the form to our office with statement.

Interventions

OK Cancel

Branch: VGLI Real Test

INQUIRY CAPS NUM INS OSGLI

LIFE Claims Management System

File Edit Claim SOAP Payments Interest Forms Options Window Help Claim Location

New Claim Open Claim Claim Clm History Medical Emp Hist Coverage Pmt Hist Payee Death Rept Phone Book SOAP Corres...

Phone Log Other Events Chronology Audit Trail Forms Queue View ED Open Plan Int Calc Follows Exit Claim

10618686 : STEWART - INQUIRY

Telephone Call Log

Activity

☒ SO/ Made/Rec'd By: x000937 Pais, Maria Critical ☒

☒ Telr Caller: S Ray Call Date: 07/14/2005 Time: 10:12 AM

☒ Con Reason: sta tus Incoming ☐ Outgoing ☐

Call Documentation:

07/2 He req copy of the ltr sent to Craig and status... so far we are waiting to see if any action will be taken by Craig. in addition we received a phone call f/the insured brother in law indicating that he changed the bene infor sometime in 2000, we also have yet to rec the dc

07/1

07/1 We are waiting to find out whether or not there is a more current bene...

07/1 Cpy of the 30 dyas letter was mailed to S Ray

07/1

07/1

07/1

07/1

07/1

07/0

07/0

07/0

06/3

06/2

06/2

Interventions ☒ OK ☐ Cancel

Branch: VGLI Renl-1st INQUIRY CAPS NUM INS DSGLI

LIFE Claims Management System

File Edit Claim SOAP Payments Interest Forms Options Window Help

New Claim Open Claim Claim Cln. History Medical Emp. Hist. Coverage Print Hist. Payee Cash Rept. Phone Book SOAP Cases

Phone Log Other Events Chronology Audit Trail Forms Queue View EDI Open Plan Int. Calc. Follows Exit Claim

10618686 : STEWART - INQUIRY

Telephone Call Log

Activity

☒ SOV Made/Rec'd By: X000344 Pelton, Dolores Critical ☒

☒ Tell Caller: Mark Tanner-Attorney for sister Caren Br Call Date: 08/08/2005 Time: 05:09 PM

☒ Con Reason: wanted info on case Incoming ☒ Outgoing ☒

Call Documentation:

08/1 At time of call I did not ask for Letter of Representation. He wanted information from the file. I told him we would have to get back to him. He did say that he was calling for sister, Caren Britt.

08/1 Phone 413-584-1287

08/1 Fax 413-584-0453

08/1 e mail: mtanner.bacon-wilson.com

08/1 Please send 30 day letter to Caren Britt. Also, advise bene that we gave sister 30 days to file a suit if it is her intent to continue with protest. Caren continues to send us correspondence claiming to be beneficiary. However, she has not submitted any documentation to proof that a beneficiary change under VGLI was ever made.

08/1 Request Letter of Representation from attorney to discuss case with him and/or send him copy of letter to Caren.

08/0 I don't believe the case warrants referral to the law dept.

07/2

07/2

07/2

07/1

07/1

07/1

Interventions ☒ OK ☒ Cancel

Branch: VGLI Ref: 1st

INQUIRY CAPS NUM INS OSGI

LIFE Claims Management System

File Edit Claim SOAP Payments Interest Forms Options Window Help Claim Location

New Claim Open Claim Claim Clm History Medical Emp Hist Coverage Pmt Hist Payee Cash Recpt Phone Book SOAP Cases

Phone Log Other Events Chronology Audit Trail Forms Queue View ED Open Plan Int Calc Follows Exit Claim

10610606 : STEWART - INQUIRY

Telephone Call Log

Activity

✓ SO/ Made/Rec'd By: x000937 Reis, Maria Critical ☒

✓ Tel/ Caller: Mark Tanner Call Date: 08/12/2005 Time: 11:15 AM

✓ Con/ Reason: copy of bene Incoming: ☐ Outgoing: ☐

Call Documentation:

The attorney Mark Tanner wants a copy of the bene on file. We will disclosed this infor under c/order. If he subpoena our records we will comply w/ythe request . He asked for the name and address for the office.....

Interventions

✓ OK X Cancel

Branch: VGLJ Rent 1st

INQUIRY CAPS NUM INS OSLJ

LIFE Claims Management System

File Edit Claim SOAP Payments Interest Forms Options Window Help 11/17/2005 10:30 AM

New Claim Open Claim Claim Claim History Medical Emp. Hist. Coverage Print Hist. Payee Des. Recept. Phone Book SOAP Claims

Phone Log Other Events Chronology Audit Trail Forms Queue View EDI Open Plan Int. Calc Follows Exit Claim

10618686 : STEWART - INQUIRY

Telephone Call Log

Activity

☒ SO/ Made/Rec'd By: 000937 Reis, Maria Critical ☒

☒ Tel/ Caller: Kate, attorney in MA Call Date: 08/17/2005 Time: 09:56 AM

☒ Con/ Reason: rep the insured's sister Incoming: ☒ Outgoing: ☐

Call Documentation:

08/1 Karen was informed of the SGLI/VGLI programs and also federal law Title 38. She will fax a letter of representation on behalf of the insured's sister.

08/1

08/1

08/1

08/1

08/1

08/1

08/1

08/1

08/1

08/0

08/0

07/2

07/2

07/2

07/1

07/1

07/1

Interventions

OK Cancel

Branch: VGLI Rmt 1st

INQUIRY CAPS NUM INS OSLI